

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049067

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: QUALITY INTERIORS, LLC

## Current Principal Place of Business:

6854 CR 660 NE  
ARCADIA, FL 34266 US

## New Principal Place of Business:

110 N. JOHNSON AVE.  
ARCADIA, FL 34266 US

## Current Mailing Address:

P.O. BOX 1587  
ARCADIA, FL 34265 US

## New Mailing Address:

FEI Number: 59-6194363      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WELLS, LEWIS A II  
6854 CR 660 NE  
ARCADIA, FL 34266 US

## Name and Address of New Registered Agent:

HARRINGTON, STEVE  
110 N. JOHNSON  
ARCADIA, FL 34266 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEVE HARRINGTON

03/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MR. ( ) Delete  
Name: WELLS, LEWIS A II  
Address: 6854 CR 660 NE  
City-St-Zip: ARCADIA, FL 34266 US

Title: MR. ( ) Delete  
Name: HARRINGTON, STEVE  
Address: 6854 CR 660 NE  
City-St-Zip: ARCADIA, FL 34266 US

Title: MR. (X) Delete  
Name: ALLEN, WADE  
Address: 6854 CR 660 NE  
City-St-Zip: ARCADIA, FL 34266 US

## ADDITIONS/CHANGES:

Title: MR. (X) Change ( ) Addition  
Name: HARRINGTON, STEVE  
Address: 110 N. JOHNSON AVE.  
City-St-Zip: ARCADIA, FL 34266 US

Title: MR. (X) Change ( ) Addition  
Name: ALLEN, WADE  
Address: 6854 CR 660 NE  
City-St-Zip: ARCADIA, FL 34266 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVE HARRINGTON

MGRM

03/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date