

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000059725

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** QUALITY CONDOMINIUM MANAGEMENT LLC.

**Current Principal Place of Business:**

4536 S CLYDE MORRIS BLVD  
UNIT 2  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

4536 S CLYDE MORRIS BLVD  
UNIT 2  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

**FEI Number:** 20-5087587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRINER, DAVID  
4536 S CLYDE MORRIS BLVD  
UNIT 2  
PORT ORANGE, FL 32129 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** CURRIE, JOHN  
**Address:** 4536 S CLYDE MORRIS BLVD #2  
**City-St-Zip:** PORT ORANGE, FL 32129 US

**Title:** SECR  
**Name:** CRINER, DAVE  
**Address:** 4536 S CLYDE MORRIS BLVD  
**City-St-Zip:** PORT ORANGE, FL 32129 US

**Title:** TREA  
**Name:** CROSS, JIM  
**Address:** 4536 S CLYDE MORRIS BLVD. #2  
**City-St-Zip:** PORT ORANGE, FL 32129 US

I hereby 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:** JOHN CURRIE

PRES

04/05/2010

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