

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067529

FILED
Apr 23, 2008
Secretary of State

Entity Name: QUALITY INSPECTIONS OF NORTH FLORIDA LLC

Current Principal Place of Business:

2045 SUSSEX DRIVE SOUTH
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 927
BELGRADE, MT 59714 US

New Mailing Address:

PO BOX 2916
ORANGE PARK, FL 32067 US

FEI Number: 20-5161334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONKS, JANE E
2045 SUSSEX DRIVE SOUTH
ORANGE PARK, FL 32073 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: MGR () Delete
Name: FRAN'S TAX SERVICE,, INC.
Address: PO BOX 723
City-St-Zip: BELGRADE, MT 59714 US

Title: MGR () Delete
Name: MONKS, WILLIAM S
Address: 2045 SUSSEX DRIVE SOUTH
City-St-Zip: ORANGE PARK, FL 32073 US

Title: MGRM () Delete
Name: MONKS, JANE E
Address: 2045 SUSSEX DRIVE SOUTH
City-St-Zip: ORANGE PARK, FL 32073 US

ADDITIONS/CHANGES:

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

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

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: WILLIAM S MONKS

MGR

04/23/2008

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