

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105745

FILED
Apr 13, 2009
Secretary of State

Entity Name: QUALITY ELECTRIC OF FLORIDA, L.L.C.

Current Principal Place of Business:

8220 LILLIAN HIGHWAY
PENSACOLA, FL 32506

New Principal Place of Business:

8220 LILLIAN HIGHWAY
PENSACOLA, FL 32506 US

Current Mailing Address:

8220 LILLIAN HIGHWAY
PENSACOLA, FL 32506

New Mailing Address:

8220 LILLIAN HWY
PENSACOLA, FL 32506 US

FEI Number: 20-5824126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHASE, JAMES L
101 EAST GOVERNMENT STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

CHASE, JAMES L
101 EAST GOVERNMENT STREET
PENSACOLA, FL 32501 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:

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCLEASE, JOSEPH L
Address: 8220 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

Title: MGR () Delete
Name: SCLEASE, ANTHONY
Address: 8220 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCLEASE, JOSEPH L
Address: 8220 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506 US

Title: MGR (X) Change () Addition
Name: SCLEASE, ANTHONY E
Address: 8220 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506 US

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: JOSEPH L. SCLEASE

MGR

04/13/2009

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