

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110058

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: QUALITY 1 WIRE AND CABLE, L.L.C.

**Current Principal Place of Business:**

8220 LILLIAN HIGHWAY  
PENSACOLA, FL 32506

**New Principal Place of Business:**

**Current Mailing Address:**

8220 LILLIAN HIGHWAY  
PENSACOLA, FL 32506

**New Mailing Address:**

FEI Number: 20-5910907

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:**

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: MGRM ( ) Delete  
Name: HAY, MICHAEL D  
Address: 9540 TOWER RIDGE RD  
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM ( ) Delete  
Name: HAY, RONNIE D  
Address: 9538 TOWER RIDGE RD  
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM ( ) Delete  
Name: SCLEAVE, JOSEPH  
Address: 3472 MAI KAI DR  
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM ( ) Delete  
Name: SCLEAVE, ANTHONY  
Address: 10536 GULF BEACH HWY  
City-St-Zip: PENSACOLA, FL 32507

**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:

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: MICHAEL D. HAY

MGRM

03/20/2009

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