2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 02, 2008 8:00 am Secretary of State

1. Entity Name RICHARD CARLTON'S QUALITY INSTALLATION L.L.C.						06-02-2008 90258 013 ***143.75				
Principal Place of Business		Mailing Address			•					
5645 MAPLE FOREST DR Tallahassee, FL 32303		5645 MAPLE FOREST DR Tallahassee, FL 32303								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05312008	Chg-LLC	CR2E083	(12/06)	,	
City & State		City & State			4. FEI Numb		68/	- /1 ·	plied For t Applicable	
Zip	Country	Zip Cour		′ 	5. Certificate	of Status Desired		.00 Add Required		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
CARLTON, RICHARD				Name						
5645 MAP	LE FOREST DR SSEE, FL 32303	Street Addres		Street Address (F	(P.O. Box Number is Not Acceptable)					
		-	City			FL	Zip Code	•		
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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior not						te limited Make check payable to slice. Florida Department of State				
9,	MANAGING MEMBE	RS/MANAGERS	10.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/	CHANGES			
TITLE	MGRM	Delete	TITLE] Change	☐ Addition	
NAME ' STREET ADDRESS	CARLTON, RICHARD 5645 MAPLE FOREST DR		NAME STREET	ADDRESS						
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST						1	
TITLE	MGRM	☐ Delete	TITLE					Change	Addition	
NAME	CARLTON, CHRISY		NAME							
STREET ADDRESS City-St-Zip	5645 MAPLE FOREST DR TALLAHASSEE, FL 32303		CATY-ST	ADDRESS 1-zip						
TITLE NAME	77.25.00.00.25,1.2.0200	☐ Delete	TITLE		<u></u>			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ADDRESS 1-zip						
IIILE		☐ Defete	TITLE					Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET :	ADDRESS 1-Zip			••••		-	
TITLE		Delete	TITLE] Change	☐ Addition	
NAME Street Address			NAME STREET	ADDRESS						
CITY-ST-ZIP			CITY-ST							
TITLE		☐ Delete	TITLE] Change	☐ Addition	
NAME CTREET ADDRESS			NAME	IDDDCCC						
STREET ADDRESS CITY-ST-ZIP		Al-Co b 22	CITY-ST							
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
1 / (to 1 1) (00 AD BEA 007 WA										
SIGNATURE: 5-28-08 850-933-0118 SIGNATURE AND TYPED OR PRINTED NÁME OF SIGNAM MANAGER MANAGER, OR AUTHORIZED REPRESENTATIVE Dato Deptime Phone #										