


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90016 026 ***138.75

DOCUMENT # L07000023710	
7. Entity Name QUALITY INSTALLERS, LLC	

Principal Place of Business 21 SAINT REGIS DR. PENSACOLA FL 32506	Mailing Address 21 SAINT REGIS DR. PENSACOLA FL 32506
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2. Principal Place of Business - No P.O. Box # 21 St. Regis DR	3. Mailing Address 21 St. Regis DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pensacola FL	City & State Pensacola FL
Zip 32506	Country ESCAMBIA
Zip 32506	Country ESCAMBIA

4. FEI Number 38-3752936	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MANDEL, HENRY C 3RD 21 SAINT REGIS DR. PENSACOLA FL 32506	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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 Henry C Mandel III	DATE 07-14-08

<p>FILE NOW!!! FEE IS \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008</p>		<p>S.607.193(2)(b).F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75</p> <p><input checked="" type="checkbox"/></p>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAMES PARKER 21 SAINT REGIS DR. PENSACOLA FL 32506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: Henry C Mandel III	DATE: 07-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	