

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000088343

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** QUALITY TOUCH REMODELING LLC

**Current Principal Place of Business:**

1008 PALMER STREET  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

**Current Mailing Address:**

1008 PALMER STREET  
GREEN COVE SPRINGS, FL 32043 US

**New Mailing Address:**

**FEI Number:** 26-0806692      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, CHRISTOPHER  
1008 PALMER STREET  
GREEN COVE SPRINGS, FL 32043 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: P  
Name: SINGLETARY, CLYDE E  
Address: 1008 PALMER STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: S  
Name: BROWN, CHRISTOPHER  
Address: 1008 PALMER STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: VP  
Name: PENDERSVIS, MICHAEL R  
Address: 4870 FIREWEED STREET  
City-St-Zip: MIDDLEBURG, FL 32068 US

I hereby 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: CHRISTOPHER BROWN

MBR

04/23/2010

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