

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000088343

**FILED**  
**Apr 26, 2012**  
**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:**

1923 SUNRISE DR.  
JACKSONVILLE, FL 32246

**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  
1923 SUNRISE DR.  
JACKSONVILLE, FL 32246 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:** 1923 SUNRISE DR.  
**City-St-Zip:** JACKSONVILLE, FL 32246 US

**Title:** S  
**Name:** BROWN, CHRISTOPHER  
**Address:** 1923 SUNRISE DR.  
**City-St-Zip:** JACKSONVILLE, FL 32246 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

P

04/26/2012

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