

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000117383

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** QUALITY ASSURANCE INSULATION, LLC

**Current Principal Place of Business:**

18189 NE SR 69  
BLOUNTSTOWN, FL 32424 US

**New Principal Place of Business:**

24918 NW BATES RD  
ALTHA, FL 32421 US

**Current Mailing Address:**

18189 NE SR 69  
BLOUNTSTOWN, FL 32424 US

**New Mailing Address:**

24918 NW BATES RD  
ALTHA, FL 32421 US

**FEI Number:** 51-0658364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORRIS, ERICA R  
18189 NE SR 69  
BLOUNTSTOWN, FL 32424 US

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

FIELDER, ANTHONY G  
24918 NW BATES RD  
ALTHA, FL 32421 US

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: ANTHONY FIELDER

04/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FIELDER, ANTHONY G  
Address: 24918 NW BATES RD  
City-St-Zip: ALTHA, FL 32421 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: ANTHONY FIELDER

MGR

04/19/2011

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