

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117383

FILED
Aug 29, 2012
Secretary of State

Entity Name: QUALITY ASSURANCE INSULATION, LLC

Current Principal Place of Business:

24918 NW BATES RD
ALTHA, FL 32421 US

New Principal Place of Business:

Current Mailing Address:

24918 NW BATES RD
ALTHA, FL 32421 US

New Mailing Address:

FEI Number: 51-0658364 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

08/29/2012

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