2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L08000071044

Entity Name: APPLEGATE QUALITY CONTRACTING, LLC

Current Principal Place of Business:

6890 HENDRY CREEK DR.
FT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

6890 HENDRY CREEK DR.
FT MYERS, FL 33908 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

APPLEGATE, THEODORE
222 SE 23RD TERRACE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

APPLEGATE, THEODORE
6890 HENDRY CREEK DR.
FT. MYERS, FL 33908 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: _____ 04/08/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: APPLEGATE, THEODORE
Address: 222 SE 23RD TERRACE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGRM ( ) Delete
Name: APPLEGATE, KRISTEN S
Address: 222 SE 23RD TERRACE
City-St-Zip: CAPE CORAL, FL 33990 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: APPLEGATE, THEODORE
Address: 6890 HENDRY CREEK DR.
City-St-Zip: FT. MYERS, FL 33908 US

Title: MGRM (X) Change ( ) Addition
Name: APPLEGATE, KRISTEN S
Address: 6890 HENDRY CREEK DR.
City-St-Zip: FT. MYERS, FL 33908 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: THEODORE APPLEGATE MGRM 04/08/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date