

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000081372

**FILED**  
**Sep 29, 2011**  
**Secretary of State**

**Entity Name:** QUALITY PLUS RECONSTRUCTION, LLC

**Current Principal Place of Business:**

14657 CABLESHIRE WAY  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

14657 CABLESHIRE WAY  
ORLANDO, FL 32824

**New Mailing Address:**

**FEI Number:** 27-0812960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESCOBAR, EDWIN  
14657 CABLESHIRE WAY  
ORLANDO, FL 32824 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:** EDWIN ESCOBAR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ESCOBAR, EDWIN  
**Address:** 14657 CABLESHIRE WAY  
**City-St-Zip:** ORLANDO, FL 32824

**Title:** MGR  
**Name:** MORALES, MICHELLE  
**Address:** 14657 CABLESHIRE WAY  
**City-St-Zip:** ORLANDO, FL 32824

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:** EDWIN ESCOBAR

MGR

09/29/2011

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