

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000101893

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** QUALITY RENOVATION SERVICES LLC

**Current Principal Place of Business:**

2449 BEACON DR.  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

410 GLENRIDGE AVE  
PORT CHARLOTTE, FL 33952 US

**Current Mailing Address:**

2449 BEACON DR.  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

410 GLENRIDGE AVE  
PORT CHARLOTTE, FL 33952 US

**FEI Number:** 27-1230741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRIMEAUX, SHANNA L  
2449 BEACON DRIVE  
PORT CHARLOTTE, FL 33952 US

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

PRIMEAUX, SHANNA L  
21520 KENYON AVE  
PORT CHARLOTTE, FL 33952 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: SHANNA PRIMEAUX

04/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PRIMEAUX, SHANNA L  
Address: 21520 KENYON AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGR  
Name: DIAS, LOUIS O  
Address: 410 GLENRIDGE AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952 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: SHANNA PRIMEAUX

PRES

04/25/2011

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