

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000069204

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** QUALITY DOOR SERVICE, LLC

**Current Principal Place of Business:**

4233 KEY LARGO DR.  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

4233 KEY LARGO DR.  
JACKSONVILLE, FL 32218

**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:**

SNAVLEY, PETER  
4233 KEY LARGO DR.  
JACKSONVILLE, FL 32218 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: MGRM  
Name: SNAVLEY, PETER  
Address: 4233 KEY LARGO DR.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM  
Name: TACLAN, AMADOR  
Address: 4233 KEY LARGO DR.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM  
Name: FORBOS, CHARLES  
Address: 4233 KEY LARGO DR.  
City-St-Zip: JACKSONVILLE, FL 32218

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:** PETER SNAVLEY

OWNE

02/18/2011

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