

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000111592

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** QUALITY OVER QUANTITY REMODELING LLC

**Current Principal Place of Business:**

3762 NORTH RIDE DRIVE  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

3762 NORTH RIDE DRIVE  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number: 35-2391446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SLEVIN, STEPHANIE A  
3762 NORTH RIDE DRIVE  
JACKSONVILLE, FL 32223 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: CORSON, SHAUN D  
Address: 3762 NORTH RIDE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM  
Name: SLEVIN, STEPHANIE A  
Address: 3762 NORTH RIDE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

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: SHAUN D. CORSON

MGRM

04/25/2011

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