

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000115286

Entity Name: HIGH QUALITY CPR LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

531 JENKS AVE #A  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

531 JENKS AVE  
#A  
PANAMA CITY, FL 32401

**Current Mailing Address:**

531 JENKS AVE #A  
PANAMA CITY, FL 32401

**New Mailing Address:**

531 JENKS AVE  
#A  
PANAMA CITY, FL 32401

FEI Number: 45-3563364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JOLLY, APRIL  
2409 DRAGONFLY LANE  
PANAMA CITY, FL 32405 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: JOLLY, APRIL  
Address: 2409 DRAGONFLY LANE  
City-St-Zip: PANAMA CITY, FL 32405

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: APRIL JOLLY

OWNE

05/01/2012

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