

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000111410

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

**Current Principal Place of Business:**

3009 ANTIGUA DRIVE  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

P.O. BOX 331442  
ATLANTIC BEACH, FL 32233

**FEI Number:** 27-3763032

**Certificate of Status Desired:** No

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

FOWLER, WENDY C  
3009 ANTIGUA DRIVE  
JACKSONVILLE BEACH, FL 32250 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FOWLER, WENDY C  
Address P.O. BOX 331442  
City-State-Zip: ATLANTIC BEACH FL 32233

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WENDY C FOWLER

MGRM

07/05/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date