

2014 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 FOWLER

PRESIDENT

01/14/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date