2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# L00000008079

Entity Name: QCS, LLC**********

Current Principal Place of Business:

P.O. BOX 349
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 349
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3657269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISCHER, TOM
2820 MARQUESAS COURT
WINDERMERE, FL 34786 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 ( ) Delete
Name: FISCHER, TOM
Address: 2820 MARGUESAS COURT
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete
Name: FISCHER, DAVE
Address: 225 TRALEE DR.
City-St-Zip: MIDDLETOWN, DE 19709

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: FISCHER, DAVE
Address: 24 TAYLORS FARM DRIVE
City-St-Zip: NEWARK, DE 19711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: TOM FISCHER MGRM 01/05/2007

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