

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000000817

1. Entity Name
QUALITY SATELLITE SERVICE, LLC



FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business
2572 EMERSON DRIVE
PALM BAY, FL 32909

Mailing Address
PO BOX 100231
PALM BAY, FL 32910-0231



07152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3694607

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ENLOW, JOHN DENNIS
2572 EMERSON DRIVE
PALM BAY, FL 32909

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000955966
07/22/08-80013-016 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------|
| TITLE | MGRM |
| NAME | ENLOW, JOHN DENNIS |
| STREET ADDRESS | 2572 EMERSON DR |
| CITY-ST-ZIP | PALM BAY, FL 32909 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #