

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014569

FILED
Sep 02, 2008
Secretary of State

Entity Name: QUALITY SERVICE PROVIDERS LLC

Current Principal Place of Business:

4747 WEST WATERS AVE
905
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4747 WEST WATERS AVE
905
TAMPA, FL 33614

New Mailing Address:

FEI Number: 04-3685990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KING, PERCY
4747 WEST WATERS AVE
905
TAMPA, FL 33614 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KING, PERCY
Address: 4747 WEST WATERS AVE#905
City-St-Zip: TAMPA, FL 33614

Title: MGRM () Delete
Name: DOLLAR, CLIFFORD
Address: 1918 WOOD TERRENCE RIDGE
City-St-Zip: DORAVILLE, GA 30340

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PERCY A. KING

PRES

09/02/2008

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