2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Dec 02, 2008
Secretary of State

DOCUMENT# L06000068998

Entity Name: GLOBAL QCS LLC

Current Principal Place of Business:

7512 DOCTOR PHILLIPS BOULEVARD
SUITE 50-278
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7512 DOCTOR PHILLIPS BOULEVARD
SUITE 50-278
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 56-2598121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSS, RODGER D JR.
425 WEST COLONIAL DRIVE, SUITE 101
ORLANDO, FL 32804 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:	POTTS, FRED R	
Address:	7512 DOCTOR PHILLIPS BLVD SUITE 50-278	
City-St-Zip:	ORLANDO, FL 32819	
Title:	MGRM	( ) Delete
Name:	ANTONUCCI, JAMES F	
Address:	7512 DOCTOR PHILLIPS BOULEVARD	
City-St-Zip:	ORLANDO, FL 32819	
Title:	MGRM	(X) Delete
Name:	POTTS, CHRISTOPHER E	
Address:	7512 DOCTOR PHILLIPS BOULEVARD	
City-St-Zip:	ORLANDO, FL 32819	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: FRED POTTS MGRM 12/02/2008

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