

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098575

Entity Name: Q SERVICES LLC

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

892 WINCHESTER COURT
LADY LAKE, FL 32162 US

New Principal Place of Business:

892 WINCHESTER COURT
THE VILLAGES, FL 32162 US

Current Mailing Address:

892 WINCHESTER COURT
LADY LAKE, FL 32162 US

New Mailing Address:

892 WINCHESTER COURT
THE VILLAGES, FL 32162 US

FEI Number: 20-5685306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUACKENBUSH, NICHOLAS
892 WINCHESTER COURT
THE VILLAGES, FL 32162 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: QUACKENBUSH, NICHOLAS
Address: 892 WINCHESTER COURT
City-St-Zip: LADY LAKE, FL 32162 US

Title: MGRM () Delete
Name: QUACKENBUSH, ALICIA
Address: 892 WINCHESTER COURT
City-St-Zip: LADY LAKE, FL 32162 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: QUACKENBUSH, NICHOLAS
Address: 892 WINCHESTER COURT
City-St-Zip: THE VILLAGES, FL 32162 US

Title: MGRM (X) Change () Addition
Name: QUACKENBUSH, ALICIA
Address: 892 WINCHESTER COURT
City-St-Zip: THE VILLAGES, FL 32162 US

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: NICHOLAS QUACKENBUSH

MGRM

03/27/2009

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