## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000007758

Entity Name: QCM SERVICE LLC

FILED Apr 28, 2008 Secretary of State

Name and Address of New Registered Agent:

**Current Principal Place of Business: New Principal Place of Business:** 4536 S. CLYDE MORRIS BLVD 4536 S CLYDE MORRIS BLVD UNIT 2 UNIT 2 PORT ORANGE, FL 32129 PORT ORANGE, FL 32129

**Current Mailing Address: New Mailing Address:** 

4536 S. CLYDE MORRIS BLVD 4536 S CLYDE MORRIS BLVD UNIT 2 UNIT 2 PORT ORANGE, FL 32129 PORT ORANGE, FL 32129 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUALITY CONDOMINIUM MANAGEMENT LLC. BLOCKER, JEFF 4536 S. CLYDE MORRIS BLVD 4536 S CLYDE MORRIS BLVD UNIT 2 UNIT 2 PORT ORANGE, FL 32129 US PORT ORANGE, FL 32129 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: JEFF BLOCKER 04/28/2008

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

## ADDITIONS/CHANGES:

Title: **PRES** ( ) Delete (X) Change ( ) Addition QUALITY CONDOMINIUM, MANAGEMENT LLC BLOCKER, JEFF Name: Name: 4536 S. CLYDE MORRIS BLVD., UNIT 2 Address: 4536 S CLYDE MORRIS BLVD #2 Address: City-St-Zip: PORT ORANGE, FL 32129 US City-St-Zip: PORT ORANGE, FL 32129 US

Title: Title: SECR ( ) Change (X) Addition ( ) Delete Name: CRINER, DAVE Name: Address: Address: 4536 S CLYDE MORRIS BLVD City-St-Zip: City-St-Zip: PORT ORANGE, FL 32129 US

Title: () Delete Title: **TREA** ( ) Change (X) Addition CROSS, JIM Name: Name:

4536 S CLYDE MORRIS BLVD Address: Address: City-St-Zip: City-St-Zip: PORT ORANGE, FL 32129 US

Title: () Delete Title: ( ) Change (X) Addition

Name: Name: CURRIE, JOHN 4536 S CLYDE MORRIS BLVD Address: Address: City-St-Zip: City-St-Zip: PORT ORANGE, FL 32129 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: JEFF BLOCKER **PRES** 04/28/2008