

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007758

Entity Name: QCM SERVICE LLC

FILED  
Apr 05, 2010  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-8301164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CURRIE, JOHN  
4536 S CLYDE MORRIS BLVD  
UNIT 2  
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: JOHN CURRIE

04/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: CURRIE, JOHN  
Address: 4536 S CLYDE MORRIS BLVD #2  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: SECY  
Name: CRINER, DAVE  
Address: 4536 S CLYDE MORRIS BLVD  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: TREA  
Name: CROSS, JIM  
Address: 4536 S CLYDE MORRIS BLVD  
City-St-Zip: PORT ORANGE, FL 32129 US

I hereby 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: JOHN CURRIE

PRES

04/05/2010

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