

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094411

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** QUALITY FIRST CUSTOMER SOLUTIONS, LLC

**Current Principal Place of Business:**

1200 NW 87TH AVE  
312  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

1071 NW 87TH AVE  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

1200 NW 87TH AVE  
312  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

1071 NW 87TH AVE  
CORAL SPRINGS, FL 33071

**FEI Number:** 27-1025588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COBBLER, SHELDON A  
1200 NW 87TH AVE  
312  
CORAL SPRINGS, FL 33071 US

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

COBBLER, SHELDON A  
1071 NW 87TH AVE  
CORAL SPRINGS, FL 33071 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:

04/24/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: COBBLER, SHELDON A  
Address: 1071 NW 87TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33071

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: SHELDON A. COBBLER

CEO

04/24/2010

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