

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000092194

**Entity Name:** EMS TOTAL QUALITY SERVICES LLC

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5869 WHITE SANDS ROAD  
KEYSTONE HEIGHTS, FL 32656

**New Principal Place of Business:**

465 SW NAHA STREET  
KEYSTONE HEIGHTS, FL 32656

**Current Mailing Address:**

PO BOX 1176  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

**FEI Number:** 45-2974814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STANLAND, ERIN M  
5869 WHITE SANDS ROAD  
KEYSTONE HEIGHTS, FL 32656 US

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

STANLAND, ERIN M  
465 SW NAHA STREET  
KEYSTONE HEIGHTS, FL 32656 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: ERIN M. STANLAND

04/09/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STANLAND, ERIN M  
Address: 465 SW NAHA STREET  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: ERIN M. STANLAND

MGR.

04/09/2012

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