## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M00000002618

Entity Name: QUALXSERV LLC

City-St-Zip: NEW YORK, NY 10038

FILED Jan 16, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	RV, LLC. H STREET JRY, MA 0187	6		
Current Mailing Address:			New Mailing Address:	
M/S 022-1:	TH STREET 30 JRY, MA 0187	6		
FEI Number:	: 13-4114547	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
1200 SOU PLANTATI	PORATION SY: TH PINE ISLA ION, FL 33324	ND ROAD I US	nurnose of changing its registe	red office or registered agent, or both
	e of Florida.	submits this statement for the	purpose or changing its registe	red office of registered agent, or both
SIGNATU	RE:			
	Electror	nic Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () LERNER, ROB 7 BIRCHWOOL WESTFORD, N	DORIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGRM ( ) TRACY, MICHA 10 FRASER LA NEW BOSTON	NE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM ( ) KARFUNKEL, ( 1671 52ND STI BROOKLYN, N	REET	Title: Name: Address: City-St-Zip:	( ) Change() Addition
Title: Name: Address:		) Delete FUNKEL 20, 05 GRAT NE	Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: DAVID BROWN MGR 01/16/2008