

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000001728**

1. Entity Name  
**QUALITY SERVICES, L.L.C.**



Principal Place of Business  
**3050 HIGHLAND PKWY, STE 100  
DOWNERS GROVE, IL 60515**

Mailing Address  
**3050 HIGHLAND PKWY, STE 100  
DOWNERS GROVE, IL 60515**



04252006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**43-1696122**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000542680  
05/10/06-80107-017 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
YEAGER, PHILLIP C  
3050 HIGHLAND PKWY, STE 100  
DOWNERS GROVE, IL 60515**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
YEAGER, DAVID P  
3050 HIGHLAND PKWY, STE 100  
DOWNERS GROVE, IL 60515**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
YEAGER, MARK A  
3050 HIGHLAND PKWY, STE 100  
DOWNERS GROVE, IL 60515**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**THOMAS FOSTER**

Date

Daytime Phone #

**4-25-2006 650-271-3773**