

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
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**



04022007 No 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, 2007**

U000000700384
04/20/07-80016-002 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 608, Florida Statutes.

SIGNATURE: _____

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

4/12/07

Date

630-795-2218

Daytime Phone #