

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000001758

**Entity Name:** QUINAN BROS LLC

**Current Principal Place of Business:**

3636 SW 2ND STREET  
MIAMI, FL 33135

**Current Mailing Address:**

3636 SW 2ND STREET  
MIAMI, FL 33135 US

**FEI Number: 26-4003706**

**Certificate of Status Desired: No**

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

R&P ACCOUNTING & TAXES  
200 SE 1ST STREET  
SUITE 604  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

|                 |                               |                 |                   |
|-----------------|-------------------------------|-----------------|-------------------|
| Title           | MGR                           | Title           | MGRM              |
| Name            | QUINAN, PETER                 | Name            | QUINAN, PETER JR. |
| Address         | 1055 N.W. 21 CT               | Address         | 1055 N.W. 21 CT   |
| City-State-Zip: | MIAMI FL 33125                | City-State-Zip: | MIAMI FL 33125    |
|                 |                               |                 |                   |
| Title           | MGR                           |                 |                   |
| Name            | NILDETE DE SOUSA SILVA QUINAN |                 |                   |
| Address         | 1055 N.W. 21 CT               |                 |                   |
| City-State-Zip: | MIAMI FL 33125                |                 |                   |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PETER QUINAN**

**PRESIDENT**

**04/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date