

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000236001

Entity Name: QUINCY GP, LLC**Current Principal Place of Business:**242 INVERNESS CENTER DRIVE
BIRMINGHAM, AL 35243**Current Mailing Address:**242 INVERNESS CENTER DRIVE
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BIRMINGHAM, AL 35242 US**FEI Number:** 85-1806187**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOWITZ, STEPHEN
3521 N 53RD AVE
HOLLYWOOD, FL 33021 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	AMBR
Name	LOWITZ, STEPHEN
Address	3521 N 53RD AVE
City-State-Zip:	HOLLYWOOD FL 33021
Title	AMBR
Name	MOORE, JOHN
Address	242 INVERNESS CENTER DRIVE
City-State-Zip:	BIRMINGHAM AL 35242
Title	AMBR
Name	EHRENSTEIN, GABE
Address	242 INVERNESS CENTER DRIVE
City-State-Zip:	BIRMINGHAM AL 35242

Title	AMBR
Name	SURMALL, DAVID
Address	242 INVERNESS CENTER DRIVE
City-State-Zip:	BIRMINGHAM AL 35243
Title	AMBR
Name	JOHNSTON, SAM
Address	242 INVERNESS CENTER DRIVE
City-State-Zip:	BIRMINGHAM AL 35242

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: STEPHEN LOWITZ**MEMBER****03/15/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date