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.

MGR

SIGNATURE: ADRIANA LEDESAMA

Electronic Signature of Signing Authorized Person(s) Detail

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:

Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	LEDESMA, ADRIANA	Name	CIFUENTES, JULIANA	
Address	5258 GOLDEN GATE PARKWAY	Address	5258 GOLDEN GATE PARKWAY	
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34116	

Electronic Signature of Registered Agent

Title	MGR	Title	MGR
Name	LEDESMA, ADRIANA	Name	CIFUENTES, JULIANA
Address	5258 GOLDEN GATE PARKWAY	Address	5258 GOLDEN GATE PARKWAY
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34116

NAPLES, FL 34116

5258 GOLDEN GATE PARKWAY

DOCUMENT# L23000511590

5258 GOLDEN GATE PARKWAY

Current Mailing Address:

NAPLES. FL 34116

Current Principal Place of Business:

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

Entity Name: QT VISION DEVELOPMENT GROUP LLC

LEDESMA, ADRIANA 5258 GOLDEN GATE PARKWAY NAPLES, FL 34116 US

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

04/10/2024

Date

FILED Apr 10, 2024 Secretary of State 5920704169CC

Date