

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000003420

1. Entity Name

QUEENFERRY LLC

FILED.

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2100 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 600

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Address

2100 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 600

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

86-0753492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

JORGE GURIAN

Street Address (P.O. Box Number is Not Acceptable)

2100 PONCE DE LEON BLVD

SUITE 600

City

CORAL GABLES

FL

Zip Code

33134

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGRM

DULLY, THOMAS

419 EAST COCONUT PALM ROAD

BOCA RATON, FL 33432

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

300017894913

05/02/03--01052--012 **50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Thomas Dully

THOMAS DULLY

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

04/29/03 305-279-4101

Date

Daytime Phone #