

2002-2003
**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

1 of 2

DOCUMENT # L01000005939

1. Entity Name

Q/R Holdings, LLC



FILED

03 JUL -7 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6200 Metroplex Drive

Suite, Apt. #, etc.

3. Mailing Address
6200 Metroplex Drive

Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State
Fort Myers, FL

4. FEI Number 59-2824372

Applied For
Not Applicable

Zip
33912

Country
Lee

Zip
33912

Country
Lee

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 Laurence C. Kozlicki

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

6200 Metroplex Drive

City Fort Myers

FL Zip Code 33912

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
MGRM Laurence Kozlicki
STREET ADDRESS
6200 Metroplex Dr., Fort Myers, FL 33912
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
MGRM Gregory Allowe
STREET ADDRESS
6200 Metroplex Dr., Fort Myers, FL 33912
CITY-ST-ZIP

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CITY-ST-ZIP

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:

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

Laurence Kozlicki, MGRM

6/18/03

Date

239/931-3647

Daytime Phone #

CR2E083B (12/02)

Attachment

292

Q/R HOLDINGS, LLC

L01000005939

6200 Metroplex Drive, Fort Myers, FL 33912

239/931-3647

June 23, 2003

Division of Corporations
State of Florida
P. O. Box 6478
Tallahassee, FL 32314


Re: Q/R Holdings, LLC
Document # L01000005939

Enclosed is our 2003 LLC Uniform Business Report with our check in the amount of \$105.00, which includes a request for a Certificate of Status. We never received the report form that was mailed by your office, because the post office never forwarded it to us. We have changed our address on this form to eliminate that problem in the future.

There is, apparently, no form for this, but our company name has a "r" between the Q and the R (see our name at top of this letter). If it is possible, can you please correct this in your system for the future?

Thank you for your prompt attention to this matter.

Very truly yours,



Laurence C. Kozlicki

LCK/dlk

Enclosures