

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90454 004 ****50.00

DOCUMENT # L01000008134

1. Entity Name
QUIET WATERS 4, LLC

Principal Place of Business

**1350 N.E. 56TH STREET
 SUITE 200
 FT. LAUDERDALE FL 33334**

Mailing Address

**1350 N.E. 56TH STREET
 SUITE 200
 FT. LAUDERDALE FL 33334**

2. Principal Place of Business

**336 S. Powerline Rd.
 Suite, Apt. #, etc.**

3. Mailing Address

**336 S. Powerline Rd.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
Deerfield Bch FL

Zip
33442

Country
USA

City & State
Deerfield Bch. FL

Zip
33442

Country
USA

4. FEI Number

65-1105966

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ABDO, JOHN E
 1350 N.E. 56TH STREET
 SUITE 200
 FT. LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

Name **TOMAS WEDDLE**

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

4605 Rothschild Drive

City **Coral Springs**

FL

Zip Code
33067

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.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER** ☐ Delete
 NAME **SANDRA WEDDLE**
 STREET ADDRESS **4605 Rothschild Drive**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **MANAGER** ☐ Delete
 NAME **MAYJORIE WEDDLE**
 STREET ADDRESS **4605 Rothschild Dr.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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
SANDRA WEDDLE

4/6/02

**954
 7258715**

CR2E083 (9/01)