

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90008 033 ****50.00

DOCUMENT # L01000008134

1. Entity Name

QUIET WATERS 4, LLC



Principal Place of Business

**336 S. POWERLINE RD.
DEERFIELD BEACH FL 33442**

Mailing Address

**336 S. POWERLINE RD.
SUITE 200
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

336 S. Powerline Rd.

3. Mailing Address

336 South Powerline Rd.

Suite, Apt. #, etc.

Deerfield Bch

Suite, Apt. #, etc.

Deerfield Bch.

City & State

FLORIDA

City & State

FLORIDA

Zip

33442

Country

Zip

33442

Country

USA.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0449197

Applied For

65-1105966

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEDDLE, TOMAS
4605 ROTHSCHILD DR.
CORAL SPRINGS FL 33067**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Tomas L. Weddle

2/27/03

Signature, typed 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **0**
NAME **WEDDLE, TOMAS**
STREET ADDRESS **336 S. POWERLINE RD.**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

☐ Delete

10. ADDITIONS/CHANGES

TITLE **Secretary**
NAME **Sandra Weddle**
STREET ADDRESS **336 S. Powerline Rd.**
CITY-ST-ZIP **Deerfield Bch. FL. 33442**

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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:

Tomas L. Weddle

2/27/03

(954) 725-8715

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

Date

Daytime Phone #

CR2E083 (10/02)