

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

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

04-03-2003 90020 022 ****50.00

DOCUMENT # L01000011873

1. Entity Name



QUADRILLE PROPERTIES COMPANY, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

420 Hibiscus St -
Suite, Apt. #, etc.
100

3. Mailing Address

420 Hibiscus St
Suite, Apt. #, etc.
100

DO NOT WRITE IN THIS SPACE

City & State
West Palm Bch.

City & State
West Palm Beach

4. FEI Number
L01000011873

Applied For
Not Applicable

Zip
33401

Country
P.B.

Zip
33401

Country
P.B.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Richard R Limehouse
1585 E. Breezy Ln

City
W. P.B.

State
FL

Zip Code
33417

33417

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.

Richard R Limehouse 3-31-60

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	C.E.O. Richard Limehouse 420 Hibiscus St # 100 W.P.B. FL. 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.E.O. Frances Limehouse 420 Hibiscus St # 100 W.P.B. FL. 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

3-31-03 5616551245

CR2E083B (12/02)