

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03-03-2003 90008 034 ****50.00

DOCUMENT # L02000003108

1. Entity Name

QUIET WATERS 5-A, 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 South Powerline Rd

Suite, Apt. #, etc.

Deerfield Bch

City & State

FLORIDA

3. Mailing Address

336 South Powerline Rd.

Suite, Apt. #, etc.

Deerfield Bch

City & State

FLORIDA

Zip

33442

Country

USA

Zip

33442

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0449191

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEDDLE, TOMAS
336 S. POWERLINE ROAD
DEERFIELD BEACH FL 33442**

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**

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

(NOTE: Registered Agent signature required when reinstating)

2/27/03

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 **WEDDLE, TOMAS** ☐ Delete
NAME
STREET ADDRESS **336 S. Powerline Rd**
CITY-ST-ZIP **Deerfield Bch - FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. **Secretary** ADDITIONS/CHANGES

TITLE **Sandra Weddle** ☐ Change ☒ Addition
NAME
STREET ADDRESS **336 South Powerline Rd.**
CITY-ST-ZIP **Deerfield Bch FL. 33442**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

2/27/03 (954) 425-8725

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

Date

Daytime Phone #

CR2E083 (10/02)