FILED
Aug 06, 2003 8:00 am
Secretary of State
08-06-2003 90041 021 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006661

1. Entity Name
QUOTA, LLC

90149176

Principal Place of Business	Mailing Address
5050 CENTRAL SARASOTA PARKWAY SUITE 309 SARASOTA, FL 34238	5050 CENTRAL SARASOTA PARKWAY SUITE 309 SARASOTA, FL 34238

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
750 N. TAMIAMI TRAIL	750 N. TAMIAMI TRAIL
Suite, Apt. #, etc.: SUITE 1216	Suite, Apt. #, etc.: SUITE 1216
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34276 Country: US	Zip: 34236 Country: US

4. FEI Number 02-0569884 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEENEY, SALLY
5050 CENTRAL SARASOTA PARKWAY
SUITE 309
SARASOTA, FL 34238

7. Name and Address of New Registered Agent

Name: SALLY SWEENEY
Street Address (P.O. Box Number is Not Acceptable): 750 NORTH TAMIAMI TRAIL
SUITE 1216
City: SARASOTA FL Zip Code: 34236

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: Sally Sweeney DATE: 8/04/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SWEENEY, SALLY 5050 CENTRAL SARASOTA PARKWAY SARASOTA, FL 34238 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sally Sweeney 750 N Tamiami Trl. Apt. 1216 Sarasota, FL 34236-4081 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Sally Sweeney 8/4/03 941-330-8298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #