

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90342 012 ****50.00

DOCUMENT # L02000011224

1. Entity Name
QUINN ASSOCIATES, LLC



Principal Place of Business

**309 NORTH HOWARD AVE
TAMPA FL 33606**

Mailing Address

**309 NORTH HOWARD AVE
TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2728564

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IMANUEL, JULIE A
101 EAST KENNEDY BLVD.
SUITE 2800
TAMPA FL 33602**

Name

COLLEEN QUINN

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

309 N. HOWARD AVE

City

TAMPA, FL

Zip Code

33606

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

Colleen Quinn

COLLEEN QUINN

1/20/03

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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **PAUL A. QUINN, Sr**
STREET ADDRESS **309 N HOWARD AVE**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **COLLEEN QUINN**
STREET ADDRESS **309 N. HOWARD AVE**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Paul A. Quinn Sr

1/20/03

813-254-521

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

Date

Daytime Phone #

CR2E083 (10/02)