

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/1

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-12-2006 90020 043 ****50.00

DOCUMENT # L05U00018450

1. Entity Name

R. & L. QUIRION ENTERPRISES, LLC



Principal Place of Business

**5754 NORTHWEST 65TH TERRACE
PARKLAND FL 33067**

Mailing Address

**5754 NORTHWEST 65TH TERRACE
PARKLAND FL 33067**



1st MOORE

CR2E083 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3743797

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, ROBERT A
1401 UNIVERSITY DRIVE
SUITE 600
CORAL SPRINGS FL 33071**

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

Signature, typed or printed name of registered agent (not applicable)

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
QUIRION, RENE
5754 NORTHWEST 65TH TERRACE
PARKLAND FL 33067**

☐ Delete

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

TITLE
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CITY- ST- ZIP
**MGRM
QUIRION, LISETTE
5754 NORTHWEST 65TH TERRACE
PARKLAND FL 33067**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Lisette Quirion **Lisette Quirion** **3/24/06** **954-752-9237**

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

Date

Signature Number