

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2007 08:00 A
Secretary of State

DOCUMENT # L05000046604

1. Entity Name
Q4G, LLC



Principal Place of Business

9010 STADA STELL CT STE 205
NAPLES, FL 34108

Mailing Address

9010 STADA STELL CT STE 205
NAPLES, FL 34108



01152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2819883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHUR, BARBARA B
9010 STRADA STELL CT STE 205
NAPLES, FL 34109

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000625193
02/14/07-80065-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHUR, BARBARA B 9010 STRADA STELL CT 205 NAPLES, FL 34109
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IN THIS SPACE**

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

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

1/23/07

Date

239-254-2400

Daytime Phone #