

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000111264

1. Entity Name
QUEVEDO HOLDINGS, LLC



Principal Place of Business

505 WEKIVA SPRINGS ROAD, SUITE #100
LONGWOOD, FL 32779

Mailing Address

505 WEKIVA SPRINGS ROAD, SUITE #100
LONGWOOD, FL 32779



01122008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3765937

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JURGENS, J A ESQ.
C/O J.A. JURGENS, P.A.
505 WEKIVA SPRINGS ROAD, SUITE #100
LONGWOOD, FL 32779

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000807132
02/06/08-80065-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME QUEVEDO, DANIEL
STREET ADDRESS 505 WEKIVA SPRINGS ROAD, SUITE #100
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE
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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

Date

Daytime Phone #