

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR 29 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002460

1. Entity Name

Queensway Commerce LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1333 N. Duval St.

Suite, Apt. #, etc.

3. Mailing Address

1333 N. Duval St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Florida Filing & Search Services, Inc.

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

1333 N. Duval St.

City

Tallahassee

FL

Zip Code

32302

**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.

SIGNATURE

Chloe Hedge

Signature, typed or printed name of registered agent and title if applicable.

4/26/02

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
Sterling Managers Limited  
PO Box 362  
Road Town, Tortola, BVI

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
Manhattan Management Company  
Old Airport Rd., Suite 207  
The Valley, Anguilla, BWD

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

Janet M. Caruccio  
Auth. Rep.

4-24-02

302-421-5750

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

Date

Daytime Phone #

CR2E083B (12/01)

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**PH: (850) 668-4318 FX: (850) 668-3398**

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**DATE:** 04-29-02

**ACCOUNT NO:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

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*Abbie Hodge*

**TYPE OF FILING:** UNIFORM BUSINESS REPORTS

**NAME:** 33 LIMITED LIABILITY COMPANIES

**SPECIAL INSTRUCTIONS:** NONE

*\$1650.00*

RECEIVED  
02 APR 29 PM 1:07  
DIVISION OF CORPORATION