

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0039071

DOCUMENT # L99000003444

1. Entity Name

LANDMARK DEVELOPMENT GROUP QWV, LLC



FILED

2003 MAY -2 AM 8:01

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
C/O LANDMARK DEVELOPMENT GROUP, LLC  
5668 STRAND COURT, #108  
NAPLES FL 34110

Mailing Address  
C/O LANDMARK DEVELOPMENT GROUP, LLC  
5668 STRAND COURT, #108  
NAPLES FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3587077

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

CLASP INC.  
3001 TAMiami TRAIL NORTH  
4TH FLOOR  
NAPLES FL 34103

Name

Cohen & Grigsby, P.C.

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

27200 Riverview Center Boulevard

Suite 309

City

Bonita Springs

FL

Zip Code  
34134

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
LANDMARK DEVELOPMENT GROUP, LLC  
5668 STRAND COURT, #108  
NAPLES FL 34110

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/02/03--01027--014 \*\*50.00

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

MOE

4/28/03

239-597-8400

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

Date

Daytime Phone #

CR2E083 (10/02)