

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0009060 AF

DOCUMENT # L99000006123

1. Entity Name  
LDG QW-J107, LLC

00 MAY -1 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2154 TRADE CENTER WAY, STE 3  
NAPLES FL 34109

Mailing Address  
2154 TRADE CENTER WAY, STE 3  
NAPLES FL 34109-2036



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3617560

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLASP INC  
3001 TAMIAMI TRAIL NORTH 4TH FL  
NAPLES FL 34103

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME LANDMARK DEVELOPMENT GROUP LLC  
STREET ADDRESS 2154 TRADE CENTER WAY, STE 3  
CITY-ST-ZIP NAPLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

200003259222--0  
-05/19/00--01074--005  
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CITY-ST-ZIP

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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.

Arthur A. Shafran, Manager of Landmark Development Group, LLC, Manager

SIGNATURE: SIGNATURE REQUIRED 941-597-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)