

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

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90007 018 \*\*\*\*50.00

DOCUMENT # L990000007745 ✓

1. Entity Name

Gruveco Development Company, LLC

**DO NOT WRITE IN THIS SPACE**

**945933**

2. Principal Place of Business  
7345 Sand Lake rd.

3. Mailing Address  
7345 Sand Lake rd.

Suite, Apt. #, etc.  
209

Suite, Apt. #, etc.  
209

DO NOT WRITE IN THIS SPACE

City & State  
Orlando Florida

City & State  
Orlando Florida

4. FEI Number  
593623718

Applied For  
Not Applicable

Zip  
32719

Country

Zip  
32819

Country

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Daniel Quintero-Clapperton

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

8625 Dover Oaks Court

City Orlando

FL

Zip Code 32836

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

Daniel Quintero

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

04/18/02

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  
MGRM  
Daniel Quintero-Clapperton  
7345 Sand Lake rd. 209  
Orlando FL 32819

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director  
Ricardo Quintero  
7345 Sand Lake rd. 209  
Orlando FL 32819

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director  
George St. Pierre  
7345 Sand Lake rd. 209  
Orlando FL 32819

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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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:**

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

Date

Daytime Phone #

04/18/02 - (407) 345-0252

CR2E083B (12/01)