

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000001759

1. Entity Name  
QUANTUM FAMILY OFFICE GROUP, LLC



Principal Place of Business

1001 BRICKELL BAY DRIVE, SUITE 1710  
MIAMI, FL 33131

Mailing Address

1001 BRICKELL BAY DRIVE, SUITE 1710  
MIAMI, FL 33131

**FILED**  
**Aug 27, 2008 08:00 AM**  
**Secretary of State**



07102008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2279088

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COLLAR, JUAN C  
1001 BRICKELL BAY DRIVE, SUITE 1710  
MIAMI, FL 33131

**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. 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 \$538.75**  
**Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
COLLAR, JUAN C  
1001 BRICKELL BAY DRIVE, SUITE 1710  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FERNANDEZ, ANTHONY  
1001 BRICKELL BAY DRIVE, SUITE 1710  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000958439  
09/27/08-80002-013 538.75

**DO NOT WRITE  
IN THIS SPACE**

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

*Anthony FERNANDEZ*

8/25/08

Date

305-403-7880

Daytime Phone #