## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000161885

Entity Name: QFRM 5 LLC

**Current Principal Place of Business:** 

6441 S CHICKASAW TRL SUITE 334

ORLANDO, FL 32829

**Current Mailing Address:** 

6441 S CHICKASAW TRL SUITE 334 ORLANDO, FL 32829 UN

FEI Number: 84-2274920 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLOE, TIM 6441 S CHICKASAW TRL SUITE 334 ORLANDO, FL 32829 US

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:

Electronic Signature of Registered Agent

Date

FILED Mar 24, 2020

**Secretary of State** 

3521405845CC

## Authorized Person(s) Detail:

Title MANAGER

Name CLOE, TIMOTHY

Address 6441 S CHICKASAW RD TRL

#334

City-State-Zip: ORLANDO FL 32829

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY CLOE MANAGER 03/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date