

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000161885

**Entity Name:** QFRM 5 LLC

**Current Principal Place of Business:**

6441 S CHICKASAW TRAIL  
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

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	CLOE, TIMOTHY	Name	CLOE, DENISE
Address	6441 S CHICKASAW RD TRL #334	Address	6441 S CHICKASAW TRAIL SUITE 334
City-State-Zip:	ORLANDO FL 32829	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**

**04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date