

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000003384

**Entity Name:** QUAIL ROOST FMD, LLC

**Current Principal Place of Business:**

767 PEACHTREE PARKWAY  
SUITE 4  
CUMMING, GA 30041

**Current Mailing Address:**

767 PEACHTREE PARKWAY  
SUITE 4  
CUMMING, GA 30041 US

**FEI Number:** 92-1653263

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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:** DAVID ROBERTS

02/16/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MBR  
Name PATEL, NILISH  
Address 13010 MORRIS RD., STE. 600  
City-State-Zip: ALPHARETTA GA 30004

Title MBR  
Name DARJI, JAY  
Address 13010 MORRIS RD., STE. 600  
City-State-Zip: ALPHARETTA GA 30004

Title MBR, MGR  
Name TRIVEDI, DATTA  
Address 13010 MORRIS RD., STE. 600  
City-State-Zip: ALPHARETTA GA 30004

Title MBR  
Name PATEL, JATIN  
Address 13010 MORRIS RD., STE. 600  
City-State-Zip: ALPHARETTA GA 30004

Title MBR  
Name KAPUR, RISHI  
Address 767 PEACHTREE PARKWAY  
SUITE 4  
City-State-Zip: CUMMING GA 30041

*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:** NILISH PATEL

MEMBER

02/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date