

2023 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:

ASSOCIATED CORPORATE SERVICES, LLC
6111 BROKEN SOUND PARKWAY NORTHWEST
SUITE 200
BOCA RATON, FL 33487 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: DANIEL KASKEL

01/26/2023

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: DATTA TRIVEDI

MANAGER

01/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date