

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000000461

**Entity Name:** QBL FL INTERSTATE INDUSTRIAL PARK LLC

**Current Principal Place of Business:**

116 HUNTINGTON AVE  
SUITE 601  
BOSTON, MA 02116

**FILED**  
**Apr 18, 2023**  
**Secretary of State**  
**0326824275CC**

**Current Mailing Address:**

116 HUNTINGTON AVE  
SUITE 601  
BOSTON, MA 02116 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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  
Name           BUBNA, NILESH  
Address        116 HUNTINGTON AVE  
                  SUITE 601  
City-State-Zip: BOSTON MA 02116

Title           MANAGER  
Name           ANGELINI, DWIGHT  
Address        116 HUNTINGTON AVE  
                  SUITE 601  
City-State-Zip: BOSTON MA 02116

Title           MANAGER  
Name           PARKER, REID  
Address        116 HUNTINGTON AVE  
                  SUITE 601  
City-State-Zip: BOSTON MA 02116

Title           MANAGER  
Name           PROVOST, ROBERT  
Address        116 HUNTINGTON AVE  
                  SUITE 601  
City-State-Zip: BOSTON MA 02116

*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: DWIGHT ANGELINI**

**MANAGER**

**04/18/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date