

## CITY OF HENDERSONVILLE COMMUNITY DEVELOPMENT DEPARTMENT

100 N. King Street, Hendersonville, NC 28792 Phone (828) 697-3010|Fax (828) 698-6185 www.hendersonvillenc.gov

Petition Requesting A	nnexation				
The following are the <u>required</u> submittals for a complet Annexation. Staff will not review applications until each determined complete. By placing a check mark by each that you have performed that task.	item has been s	submitted and	Tying		
1. Completed Application Form					
2. A copy of the deed indicating ownership of the property.					
3. An Annexation Survey Plat of the property prepared by a <u>registered</u> surveyor licensed to practice in the state of North Carolina.					
4. A typed boundary description of the property.					
A. Property Information					
PIN(s): 9588407325					
	l Road, Flat	Rock, NC 287	'31		
Does this property adjoin the present City Limits?	X Yes	No			
Is the property within the ETJ?	Yes	$\frac{X}{No}$			
Reason for Annexation:					
To connect to the City's utilities for proposed comm	nercial develop	oment.			

Office Use:		
Date Received:	_ By:	Fee Received? Y/N

B. Property Owner Contact Information
Robert H. Quattlebaum 3/28/25
* Printed Applicant Name Date
Quattlebaum Properties F, LLC
Printed Company Name (if applicable)
☐ Corporation ☐ Limited Liability Company ☐ Trust ☐ Partnership
Other:
Property Owner Signature
Manager
Property Owner Title (if applicable)
PO Box 5007
Address of Property Owner
Hendersonville, NC 28793
City, State, and Zip Code
(828) 693-6062
Telephone quattlebaumco@bellsouth.net
Email

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## LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY:	Quattlebaum Prop	perties F, LLC		
SECRETARY OF STATE ID NUMBER: 0710307 STATE OF FORMATION: NC			Filing Office Use Only E - Filed Annual Report 0710307	
REPORT FOR THE CALENDAR YEAR: 2024 CA202501702755 1/17/2025 03:30				
SECTION A: REGISTERED AGENT'S INFORMATION  Changes				Changes
1. NAME OF REGISTERED AGENT: QL	JATTLEBAUM, RO	BERT H		
2. SIGNATURE OF THE NEW REGISTERS		NATURE CONSTITUTES C	ONSENT TO THE APPO	NTMENT
3. REGISTERED AGENT OFFICE STREET	ADDRESS & COUNTY	4. REGISTERED AC	GENT OFFICE MAIL	ING ADDRESS
636 Boxcar Street PO Box 50		PO Box 5007		
Hendersonville, NC 28792-2590 Henderson				
SECTION B: PRINCIPAL OFFICE INFORMATION  1. DESCRIPTION OF NATURE OF BUSIN		Rental Real Esta	ate	
2 PRINCIPAL OFFICE PHONE NUMBER:	<del> </del>			cy Redaction
	2. PRINCIPAL OFFICE PHONE NUMBER: (828) 693-6062 3. PRINCIPAL OFFICE EMAIL: Privacy Redaction			
4. PRINCIPAL OFFICE STREET ADDRESS 5. PRINCIPAL OFF		ICE MAILING ADDR	ESS	
636 Boxcar St	- A			
Hendersonville, NC 28792-2590	Hendersonville, NC 28792-2590 Hendersonville, NC 28793-5007		'	
6. Select one of the following if application of the company is a veteran-over the company is a service-distance of the following if application of the company is a service-distance of the following if application of the following is a veteran-over the following if application of the following if application of the following is a veteran-over the following if application of the following is a veteran-over the v	vned small business sabled veteran-owned	small business		
SECTION C: COMPANY OFFICIALS (Enter add	litional company officials	in Section E.)		
NAME: Maxine Y Quattlebaum	NAME: Robert H C	Quattlebaum	NAME:	
TITLE: Manager	TITLE: Manager		TITLE:	
ADDRESS:	ADDRESS:		ADDRESS:	
P O Box 5007	PO Box 5007		-	
Hendersonville, NC 28793	Hendersonville, NC 28			
SECTION D: CERTIFICATION OF ANNUAL I	REPORT. Section D mu	*	entirety by a person/	business entity.
Maxine Y Quattlebaum		1/17/2025	DATE	
Form must be signed by a Company Official listed under	Section C of This form.		5,112	
Maxine Y Quattlebaum  Print or Type Name of Company Official  Print or Type Title of Company Official				

This Annual Report has been filed electronically.

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## C. Additional Property Owner Contact Information Wes Hall 3/28/25 \* Printed Applicant Name Date Sheetz, Inc. Printed Company Name (if applicable) **■** Corporation ☐ Limited Liability Company ☐ Partnership □ Trust ☐ Other: Property Owner Signature **Entitlement Manager** Property Owner Title (if applicable) 243 Sheetz Way Address of Property Owner Claysburg, PA 16625 City, State, and Zip Code 919-896-2019 Telephone wwhall@sheetz.com Email