APPROVED

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: (

L99000008421 DOCUMENT # 1. Entity Name 00 APR 23 AM 11: 16 MDL TWO, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 4526 NORTH LAKEWOOD DRIVE 4526 NORTH LAKEWOOD DRIVE PARKER FL 32404-6615 PARKER FL 32404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BELL, SUSAN L Street Address (P.O. Box Number is Not Acceptable) **4526 NORTH LAKEWOOD DRIVE** PARKER FL 32404 Zip Code City Fl 8. 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Managing Member Susan J Bell 452, or MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. 9. **■** Addition TITLE TITLE Delet: MAME MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY - \$1 - 73P TITLE ☐ Delets TITLE NAME STREET ADDRESS STREET ADDRESS 400003245764-CITY-ST-ZIP 05/09/00-01-12 Addition ☐ Debota TITLE *****50.00 ****50.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY- 81-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY- ST- ZIP ☐ Delete TITLE Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- 21-712 Addition ☐ Delete TITLE Change NAME MAME STREET ADDRESS STREET ADDRESS CITY- ST- 7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.