

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000003361

**Entity Name:** DR MEW, LLC

**Current Principal Place of Business:**

8287 LOST CREEK LN.  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

8287 LOST CREEK LN.  
DELRAY BEACH, FL 33446 US

**FEI Number:** 46-4374474

**Certificate of Status Desired:** No

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

MANDEL, ADAM  
8287 LOST CREEK LN.  
DELRAY BEACH, FL 33446 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	AMBR	Title	DIRECTOR
Name	MANDEL, RACHELLE	Name	MANDEL, ADAM S
Address	8287 LOST CREEK LN.	Address	8287 LOST CREEK LN.
City-State-Zip:	DELRAY BEACH FL 33446	City-State-Zip:	DELRAY BEACH FL 33446

*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:** ADAM MANDEL

**DIRECTOR**

**01/18/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date