

2020 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 PRESIDENT
Name MANDEL, RACHELLE
Address 8287 LOST CREEK LN.
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name MANDEL, ADAM S
Address 8287 LOST CREEK LN.
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

01/07/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date