

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90272 046 ***150.00

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DOCUMENT # L00000003936

1. Entity Name
MID-WEST MANUFACTURING, L.L.C.



Principal Place of Business
**2300 CORPORATE BLVD., NW
STE 244
BOCA RATON FL 33431**

Mailing Address
**PO BOX 810006
BOCA RATON FL 33481**



2. Principal Place of Business
123 N. W. 13TH ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

307

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33432

4. FEI Number **65-1019416**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOPKINS, JOHN O
2300 CORPORATE BLVD NW
SUITE #244
BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MID-WESTERN MANUFACTURING INC
2300 CORPORATE BLVD., NW SUITE 244
BOCA RATON FL 33431**

☐ Delete

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JOHN O. HOPKINS, II V. PRES 4/25/03 561-994-4501

CR2E083 (10/02)