

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92174 033 \*\*\*\*\*50.00

DOCUMENT # L00000013259

1. Entity Name

Merit Investments, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
265 NE 4th Street

Suite, Apt. #, etc.

3. Mailing Address  
265 NE 4th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

4. FEI Number 65-0510573

Applied For  
Not Applicable

Zip  
33432

Country

Zip  
33432

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name JoAnn K. Meder

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

265 NE 4th Street

City Boca Raton

FL

Zip Code  
33432

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
MGRM  
Meder, Richard K.  
STREET ADDRESS  
6664 Hatteras Drive  
CITY-ST-ZIP  
Lake Worth, FL 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
MGRM  
Meder, JoAnn K.  
STREET ADDRESS  
265 NE 4th Street  
CITY-ST-ZIP  
Boca Raton, FL 33432

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

Richard K. Meder

Managing Member 4/30/03

561-969-3331

CR2E083B (12/02)