

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-20-2002 90040 011 ****50.00

DOCUMENT #L01000014803

1. Entity Name

M & D LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

43 Country Club Road

Suite, Apt. #, etc.

3. Mailing Address

43 Country Club Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Key Largo, FL

City & State

North Key Largo, FL

4. FEI Number

65-1134440

Applied For

Not Applicable

Zip

33037

Country

USA

Zip

33037

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Daniel A. Hillenbrand

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

43 Country Club Road

City

North Key Largo

FL

Zip Code
33037

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Mary H. Hillenbrand
43 Country Club Road
North Key Largo, FL 33037
PRESIDENT

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Daniel A. Hillenbrand
43 Country Club Road
North Key Largo, FL 33037
VICE PRESIDENT

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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

Daniel A. Hillenbrand

3/4/02

Date

305-367-4293

Daytime Phone #

CR2E03B (12/01)