

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

04-28-2003 90085 011 ****50.00

DOCUMENT # L02000005625



1. Entity Name

MCDANIEL SITE DEVELOPMENT, LLC

Principal Place of Business

**1227 28TH STREET
ORLANDO FL 32805**

Mailing Address

**1227 28TH STREET
ORLANDO FL 32805**

44003389

2. Principal Place of Business

4510 KOGER STREET

Suite, Apt. #, etc.

3. Mailing Address

4510 KOGER STREET

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

04-3620888

Applied For

☐ Not Applicable

Zip

32812

Country

USA

Zip

32812

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCDANIEL, RUSSELL E
1227 28TH STREET
ORLANDO FL 32805**

7. Name and Address of New Registered Agent

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

TITLE **MGRM** ☐ Delete
NAME **MCDANIEL, RUSSELL E**
STREET ADDRESS **1227 28TH STREET**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4510 KOGER STREET**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

04-23-03

Date

407-492-6447

Daytime Phone #

CR2E083 (10/02)