

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

04-29-2003 90025 029 ****50.00

DOCUMENT # L02000008406

1. Entity Name
MDDWW, LLC



Principal Place of Business
**561 SEGOVIA ROAD
ST AUGUSTINE FL 32086**

Mailing Address
**561 SEGOVIA ROAD
ST AUGUSTINE FL 32086**

44002056



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number
Applied For
☒ Not Applicable

Zip Country Zip Country

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

**SYKES & ASSOCIATES, PROFESSIONAL LIMITED C
ATTN: W. STEVE SYKES
5 PALM ROY
ST AUGUSTINE FL 32084**

Name **The Sykes Firm**
Street Address (P.O. Box Number is Not Acceptable)
5 Palm Row, Suite A
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]* **W. STEVE SYKES** **3/20/2003**
Signature, typed or printed name of registered agent, 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 **PRINCIPAL** ☐ Delete
NAME **MICHAEL D. PULLIUM**
STREET ADDRESS **561 SEGOVIA RD**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

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

TITLE **PRINCIPAL** ☐ Delete
NAME **DONNA M. PULLIUM**
STREET ADDRESS **561 SEGOVIA RD**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 606, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

March 20, 2003 **904/824-3755**
Date Daytime Phone #

CFR2E083 (10/02)