

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

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

05-05-2003 92174 034 \*\*\*\*\*50.00

DOCUMENT # L02000010977

1. Entity Name

Adroit Investments, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6542 Hypoluxo Rd

3. Mailing Address

6542 Hypoluxo Rd

Suite, Apt. #, etc.

Suite 271

Suite, Apt. #, etc.

Suite 271

DO NOT WRITE IN THIS SPACE

City & State  
Lake Worth, FL

City & State  
Lake Worth, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip  
33467

Country

Zip  
33467

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 Richard K. Meder

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

6542 Hypoluxo Rd, Suite 271

City Lake Worth

FL

Zip Code  
33467

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

*Richard K. Meder*, Managing Member

4/30/03

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS / MANAGERS

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

*Richard K. Meder*, Managing Member

4/30/03

Date

561-969-3331

Daytime Phone #

Richard K. Meder

CR2E083B (12/02)