2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013342 1. Entity Name

MEDGECKO, LLC



FILED Apr 21, 2003 8:00 am Secretary of State
04-21-2003 90124 050 ****50.00

face of Business - Mailing Address									
ADWAY. SUITE 100 55 —	128 WEST BROADWAY, SUITE 100 OVIEDO FL 32765					-			***
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ace of Business	Business 3. Mailing Address								
#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
•	City & State	City & State		4. FEI Num 0 2		o611466		Applied For Not Applicable	
Country	Zip	Coun	itry	!	5. Certificate of Status Desired			ditional	
6. Name and Address of Curren	t Registered Agent	:			7Name	and Address of New Registe	ered Ag	ent	
CORPDIRECT AGENTS 103 NORTH MERIDIAN STREET LOWER LEVEL			Name						
			Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32301						,			
							FL	Zip Cod	le
ons of registered agent.	at and title if applicable. (NOTE	: Registere	d Agent signat	ture required who				Tilligi Willi,	and docept
·	Make Check Payable	e to Flo	orida De	partment	of State	,			
MANAGING MEMB	ERS/MANAGERS	10.				ADDITIONS/CHAP	NGES		
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				MERR	IGAN,	RICHARD A. P.			
				126 0	V. 0/2	CADWAY 4E TO			
	☐ Delete	NAM! STRE	E Et address	MGR TILEH 128 W.	URST BROA	CHARLES A.	I	Change	Addition
	Delete	NAMI STRE	E Et address					Change	Addition
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	☐ Delete	NAME STREE	E et address]	□ Change	☐ Addition
	Country - 6. Name and Address of Current POIRECT AGENTS NORTH MERIDIAN STREET ER LEVEL AHASSEE FL 32301 named entity submits this statement of the constant	ADWAY. SUITE 100 128 WEST BROADWAY. SUIT OVIEDO FL 32765 3. Mailing Address 4, etc. Suite, Apt. #, etc. City & State Country Zip -6. Name and Address of Current Registered Agent	ADWAY, SUITE 100 128 WEST BROADWAY, SUITE 100 OVIEDO FL 32765 3. Mailing Address #, etc. City & State Country Zip Courrent Registered Agent CORTH MERIDIAN STREET R LEVEL AHASSEE FL 32301 CHOTE: Registered agent. Make Check Payable to File Due By Missing MANAGING MEMBERS/MANAGERS MANAGING MEMBERS/MANAGERS 10. Delete TITLE NAM STRE CITY Delete TITLE NAM STRE CITY Delete TITLE NAM STRE CITY Delete TITLE NAM STRE CITY Delete TITLE NAM STRE CITY Delete TITLE NAM STRE CITY Delete TITLE NAM STRE CITY Delete TITLE NAM STRE CITY Delete TITLE NAM STRE CITY Delete TITLE NAM STRE CITY Delete TITLE NAM STRE CITY Delete TITLE NAM STRE CITY Delete TITLE NAM STRE CITY TITLE NA	ADWAY, SUITE 100 128 WEST BROADWAY, SUITE 100 OVIEDO FL 32765 3. Mailing Address #, etc. City & State Country Zip Country Zip Country City & State Country City & State Country City Country Country Country Country City Ci	126 WEST BROADWAY, SUITE 100 OVIEDO FL 32765 The state of Business 3. Mailing Address 4. etc. Suite, Apt. 47, 49, etc. City & State Country Zip Country Zip Country Alama Country Tip Country Tip Country City Street Address (P.C. City City	128 WEST BROADWAY. SUITE 100 OVIEDO FL 32765 acc of Business 3. Mailing Address 4. FEI Nu Country Zip Country Zip Country Zip Country Street Address (P.O. Box Nu Name Street Address (P.O. Box Nu City AhASSEE FL 32301 City City City City City City City Cit	128 WEST BROADWAY. SUITE 100 S 128 WEST BROADWAY. SUITE 100 OVIEDO FI. 32785 3. Mailing Address 8, etc. City & State City & State Country Country Country S. Certificate of Status Desired Barne City & State City S. State City S. Certificate of Status Desired Name Street Address (P.O. Box Number is Not Acceptable) City Named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida nor of registered agent. Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS Delete TITLE NAME STRET ADDRESS OTY-ST-2P Delete TITLE NAME STRET ADDRESS OTY-ST-2P OTY-ST-2P DELET DELET DELET TITLE NAME STRET ADDRESS OTY-ST-2P DELET DELET TITLE NAME STRET ADDRESS OTY-ST-2P DELET TITLE NAME STRET ADDRESS OTY-ST-2P TITLE NAME S	DWAY. SUITE 100 126 WEST BROADWAY. SUITE 100 OVED PL 32785 3. Mailing Address 4. FEI Number O 2 06 / 1 46 6 Country Country Country Country Country 5. Cart ficate of Status Desired Fig. 6. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Character of registered agent. City FL City FL Character of registered agent. City FL Cit	## ADMAY: SUITE 100 OVERD FL 32785 ## GEC. Suite Apt. 4; etc. Defete Apr. 12 Apr. 12

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:

407 971 8885