

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90049 029 \*\*\*\*50.00

**DOCUMENT # L02000025048**

1. Entity Name

**SDI OF PALATKA, LLC**



Principal Place of Business

**C/O ANIL PATEL**  
**7740 S CROSSTREE LANE**  
**JACKSONVILLE FL 32256**

Mailing Address

**C/O ANIL PATEL**  
**7740 S CROSSTREE LANE**  
**JACKSONVILLE FL 32256**

2. Principal Place of Business

**414 N. SR 19**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**PALATKA, FL**

Zip

Country

Suite, Apt. #, etc.

**32177** **PUTNUM**

4. FEI Number

**52-2368532**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AKEL, EDWARD C**  
**ONE INDEPENDENT DRIVE STE. 2301**  
**JACKSONVILLE FL 32202**

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 **MGR** ☐ Delete  
NAME **PATEL, ANIL**  
STREET ADDRESS **7740 S. CROSSTREE LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **MGR** ☐ Delete  
NAME **BEDELL, JAMES T**  
STREET ADDRESS **607 S MOODY 14-C**  
CITY-ST-ZIP **PALATKA FL 32177**

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  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2/10/03**

**904-596-8180**

CR2E083 (10/02)