

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-11-2003 90049 027 \*\*\*\*50.00

DOCUMENT # L02000025379

1. Entity Name  
SDI OF LAKE CITY, LLC



Principal Place of Business  
C/O ANIL PATEL /  
1333 S.W. MAIN BOULEVARD  
LAKE CITY FL 32025

Mailing Address  
C/O ANIL PATEL  
1333 S.W. MAIN BOULEVARD  
LAKE CITY FL 32025

2. Principal Place of Business

3. Mailing Address  
7740 CROSSTREE LN  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
JACKSONVILLE, FL

Zip

Country

Zip  
32256

Country  
FL

4. FEI Number  
52-2368537

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, SUITE 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	PATEL, ANIL	7740 SOUTH CROSSTREE LANE	JACKSONVILLE FL 32256	<input type="checkbox"/>
MGR	BEDELL, JAMES T.	607 SOUTH MOODY, #14-C	PALATKA FL 32177	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

2/10/03 904-996-8180

CR2E083 (10/02)