## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000028580

1. Entity Name

MDI, WEL, LLC



FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90062 032 \*\*\*\*50.00

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Sulfe, Apt. #, etc.   Sulfe, Apt #, etc.   CheCk HERE IF MAKING CHANGES  City & State   City & State   4. FEI Number   Applied For    Applied	875 NORTH MILITARY TRAIL 101 JUPITER FL 33458		3801 PGA BOULEVARD SUITE 802 PALM BEACH GARDENS FL 33410				<b>       </b>	11911 BII 98118 11811 B8111	<b></b>			
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Ep Country Zip Country  S. Certificar of Status Desired Status Des	Suite, Apt. #, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
5. Certificate of Status Desired — Face Requised — Face Requis	City & State		City & State									
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SINCER, MCHAEL S ESQ 3801 PGA BOULEVARD SUITE 802 PALM BEACH GARDENS FL 33410  City	6. Name	e and Address of Current R	egistered Agent				7. Name a	nd Address of Nev	Registered A	gent		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. 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 termiliar with, and accept the obligations of registered agent.  SIGNATURE    City FL Zip Code					Name							
PALM BEACH GARDENS FL 33410  City	3801 PGA BO			Street Address (P.O. Box Number is Not Acceptable)								
B. 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 femiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature		GARDENS FL 33410						!				
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Squalure, typed or printed rame of registered appert and time if applicable.   (HOTE Registered Appert signature registering)   DATE			the purpose of changing its	registere	ed office or	registered	d agent, or b	ooth, in the State of	Florida. I am fa	miliar with,	and accept	
Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES  TITLE   Delete   ITILE   NAME   SINEET ADDRESS   CITY-ST-2P    Change   Addition   NAME   NAME	SIGNATURE Signature, typed	d or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signatu	re required w	hen reinstating)	·	DATE			
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11. Thereby centry that the information subblied with this filling does not obtainly for the exemption stated in Section 11947/Caint. Florida Statistics, I tripper certify that the information.		e information supplied with the	nis filing does not qualify for			ed in Sect	ion 119 07/	3)(i), Florida Statute	s I further certif	iv that the i	nformation	

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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #