


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90034 013 ****55.00

DOCUMENT # L04000009292	
1. Entity Name MDL HOLDINGS, L.L.C.	

Principal Place of Business 3622 SW MASHIE COURT PALM CITY, FL 34990	Mailing Address 3622 SW MASHIE COURT PALM CITY, FL 34990
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20000288



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1268984	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NORMAN, KENNETH A 2400 SE FEDERAL HWY, FOURTH FLOOR STUART, FL 34994		7. Name and Address of New Registered Agent Name <u>MARK D. LIVELY</u> Street Address (P.O. Box Number is Not Acceptable) <u>3622 SW MASHIE COURT</u> City <u>Palm City</u> FL <u>34990</u>	
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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 Mark D. Lively DATE 1-6-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIVELY, MARK D 3622 SW MASHIE COURT PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mark D. Lively MARK LIVELY 1-6-06 772-223-9061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #