

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000058580

1. Entity Name
M.D. LAKE WORTH, LLC



FILED
Apr 24, 2008 08:00 AM
Secretary of State

Principal Place of Business
1601 BELVEDERE ROAD
SUITE #407 SOUTH
WEST PALM BEACH, FL 33406

Mailing Address
1601 BELVEDERE ROAD
SUITE #407 SOUTH
WEST PALM BEACH, FL 33406



01182008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3017962

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAPES, PAUL
1601 BELVEDERE ROAD
SUITE #407 SOUTH
WEST PALM BEACH, FL 33406

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ASARCH, GAIL MEYER
STREET ADDRESS 1601 BELVEDERE ROAD SUITE #407 SOUTH
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE MGR
NAME MEYER, SYDELLE
STREET ADDRESS 1601 BELVEDERE ROAD SUITE #407 SOUTH
CITY-ST-ZIP WEST PALM BEACH, FL 33406

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U000000918399
05/13/08-80080-023 138.75

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #