

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90360 016 \*\*\*150.00

**DOCUMENT #** L05000060793

**1. Entity Name**

**McLeod Properties LLC**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**231 McLeod Street**

Suite, Apt. #, etc

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**  
**Merritt Island, FL**

**City & State**

**4. FEI Number**  
**20-3124398**

**Applied For**

**Not Applicable**

**Zip**  
**32953**

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired**

☐ **\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**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.

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**Wilkh, Chandandeep DMD**  
**231 Mcleod St.**  
**Merritt Island**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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IN THIS SPACE**

**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 #**

CR2E083B (12/02)