2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9600000246

MSD FAMILY LIMITED COMPANY

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FILED Aug 13, 2003 8:00 am Secretary of State 08-13-2003 90048 042 ****50.00

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1222 DONNA DRIVE 1			Mailing Address 1222 DONNA DRIVE FORT MYERS FL 33919										
2. Principal P	Place of Busin	ess	3. Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. FEI Number 65-0653098					plied For	
										Not Applicable			
Zip ~	يءِ سنجي سنڌ	_Country	ے دریو Zip جسر	Country				5. Certificate of Status Desired Fee Required					
	6. Name	and Address of Current F	Registered Agent	stered Agent				7. Name and Address of New Registered Agent					
Name													
PULS, JAMES M 9211 GRAND POLA COURT GLI Groud Pala G St RIVERVIEW FL 33569						ddress (F	P.O. Box Num	ber is Not Acc	eeptable)				
					City					FL	Zip Code		
8. The above	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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE												
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003													
· 9.	MANAGING MEMBERS/MANAGERS 10.							ADD	TIONS/CHAN	IGES			
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. CITY-ST-ZIP		CENTER FL 33573		CITY-ST									
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TITLE			☐ Delete	TITLE		/ <u>_ </u>		124/	<u></u>		Change	Addition	
NAME		•		NAME						, _	.		
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11 I harabu s	ortify that the	information cumplied with:	this filing doos not qualify for	the event	tion state	ad in Sac	stign 110 07/3	NO Florido Ct	atutoe I furtho	r cortifi.	that the in	formation	

Thereby 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 informatic 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: