DOCUMENT # L9800003370 1. Entity Name MEADOWNIEW DEVELOPMENT L.C.				(***)		
				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
	•		_			
Principal Place of Business Mailing Address				00 AUG 31 AM 10: 02		
222 SOUTH NEW YORK AVE SUITE 3 222 SOUTH NEW YORK AVE WINTER PARK FL 32789 WINTER PARK FL 32789-4265				\sim γ		
MINIEU CAN	FL 32703	WHITEH FAIR TE DEFOO	4203	1 188 HERT ON 1818 1819 SENT RESH 881H 881H 881H 881H 881H 881H 1811 1818 1818 1818 1818	lt.	
		T				
2. Principal Place of Business		3. Mailing Address			•	
Suite, Apt. #, etc.		. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
-City & Stat	0	City & State.		4. FEI Number Applied For		
Zip	Country	Zip	Country	59-3661360 Not Applical 5 Cortificate of Status Position S.5.00 Additional	ole	
Ζίμ			Country	5. Certificate of Status Desired Fee Required		
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent	\dashv	
GARO, TH	OMAS C		Street Address	ss (P.O. Box Number is Not Acceptable)	\dashv	
	H NEW YORK AVE., SUITE 3	•	Street Address	33 (1.0. Dox 14d libe) is 1401 Acceptable)		
WINTER P	ARK FL 32789					
			City	FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida.		
SIGNATURE .						
	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signature requ	ulifed when reinstatung) DATE	\dashv	
		•	IOW!!! FEE IS \$50.0	I		
		Make Check Pa	ayable to Department	t of State		
9.	MANAGING MEMBE		10.	ADDITIONS/CHANGES.		
TITLE NAME	MGRM GARO, THOMAS C	. Deleta	TITLE NAME		nn 66	
STREET ADDRESS	222 SOUTH NEW YORK AVE., SL	JITE 3	STREET ADDRESS	-03/06/0001103013	, E83	
CITY- 8T- ZIP	WINTER PARK FL 32789 MGRM	☐ Delete	CITY- 8T- ZIP	*************************************	— E	
RAME	HONAN, SCOTT C	_, _,	NAME			
STREET ADDRESS : CITY-ST-ZIP	222 SOUTH NEW YORK AVE; SU WINTER PARK FL 32789	JITE 3	- STREET ADDRESS CITY-ST-ZIP	- · · · · · · · · · · · · · · · · · · ·		
TITLÉ	MGRM	Delete	TITLE	☐ Change ☐ Addit	ion	
NAME STREET ADDRESS	Bradley, Steve 222 South New York Ave., Sl	IITE 3	NAME STREET ADDRESS			
CITY- ST-ZIP	WINTER PARK FL 32789	ine 3	CITY-ST-ZIP			
TITLE		☐ Detete	TITLE NAME	· Change Addit	loti	
NAME STREET ADDRESS	,		STREET ADDRESS	ig. −		
CITY-8T-ZIP			CITY-ST-ZIP			
MAME }	,	- · Delote ·	TITLE NAME		1021	
STREET ADDRESS	*	-	STREET ADDRESS		-	
CITY-8T-ZIP		☐ Delete	CITY-\$T-ZIP	☐ Change ☐ Addit	ion	
NAME	·		NAME			
STREET ADDRESS CITY-8T-ZIP	•		STREET ADDRESS CITY-ST-ZIP			
11 I hereby	certify that the information supplied with	this filing does not qualify for	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information	1	
indicated limited lia	on this report is true and accurate and billity company or the receiver or trustee	that my signature shall have empowered to execute this	e the same legal effect as s report as required by Ch	if made under oath; that I am a managing member or manager of the napter 608, Florida Statutes.		

4-77-av

SIGNATURE REQUIRED

SIGNATURAND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: