2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jun 02, 2003 8:00 am Secretary of State

5/:

05-05-2003 90696 006 ****50.00 DOCUMENT # M0200000382 1. Entity Name SDI OF ORLANDO, FLORIDA, LLC Principal Place of Business Malling Address 1203 NW JEFFERSON COURT 1203 NW JEFFERSON COURT 44003105 BLUE SPRINGS MD 64015 BLUE SPRINGS MD 64015 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For APPLIED FOR 26-0039 Not Applicable Country Country \$5,00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERRONG, KEVIN Street Address (P.O. Box Number is Not Acceptable) 1134 COVINGTON STREET **OVIEDO FL 32765** Zip Code 6. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR TITE Addition Delete ☐ Change NAME WRISINGER, WILLIAM E NAME STREET ADDRESS 1203 NW JEFFERSON COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BLUE SPRINGS MD 64015 Defete TITLE ■ Addition TITLE MGR ☐ Chance NAME NAME KING, JOHN L STREET ADDRESS 1203 NW JEFFERSON COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-23P **BLUE SPRINGS MD 64015** TITLE . Delete ... TITLE MGP Change noilibbA: 🔯 NAME NAME JOE_DITTMER STREET ADDRESS STREET ADDRESS P O BOX 1030 BLUE SPRINGS CITY-ST-ZIP City-ST-7IP 64013 TITLE Delete TM F MGR Change [X] Addition NAME NAME KEVIN BERRONG STREET ADDRESS STREET ADDRESS 1134 COVINGTON STREET CITY-ST-7IP CITY-S1-7IP OVIEDO, FL Delete Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-7/P

CITY-ST-ZIP

SIGNATURE: WILLIAM TYPE OR PRINTED NAME OF BRINDING MANAGER OR AUTHORIZED REPRESENTATIVE Date Capture Prome &