

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001560

1. Entity Name

MDM REAL ESTATE GROUP, LLC

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90981 049 *****50.00

935690



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1325 BUFORD HIGHWAY, SUITE #112
BUFORD GA 30518

Mailing Address
1325 BUFORD HIGHWAY, SUITE #112
BUFORD GA 30518

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 58-2337104
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNAUGHTON, ROBERT L
2750 STICKNEY POINT RD
SUITE 210
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	MCNAUGHTON, ROBERT	2750 STICKNEY PT RD #210	SARASOTA FL 34231	<input type="checkbox"/>
MGRM	SMITH, KEN	2750 STICKNEY PT RD #210	SARASOTA FL 34231	<input type="checkbox"/>
MGRM	DOOLEY, WILLIAM R	2750 STICKNEY PT RD #210	SARASOTA FL 34231	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Robert L. McNaughton 2/20/02 770-614-7655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #