

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90009 037 ****50.00

DOCUMENT # L00000002422

1. Entity Name

REGGIE'S WILD WEST SALOON, L.L.C.

Principal Place of Business

**1861 PLACIDA RD., STE 204
 ENGLEWOOD FL 34223**

Mailing Address

**1861 PLACIDA RD., STE 204
 ENGLEWOOD FL 34223**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLENNON, THOMAS P
 1861 PLACIDA RD., STE 204
 ENGLEWOOD FL 34223**

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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **DAIGLE, REGINALD**
 STREET ADDRESS **373 SUNNYSIDE BEACH**
 CITY-ST-ZIP **SAULT STE. MARIE, ONTARIO**

TITLE ☐ Change ☐ Addition
 NAME *Reg Daigle*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **WIERZBICKI, CAROL**
 STREET ADDRESS **373 SUNNYSIDE BEACH**
 CITY-ST-ZIP **SAULT STE. MARIE, ONTARIO**

TITLE ☐ Change ☐ Addition
 NAME *Carol Wierzbicki*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **ROESS, PETER**
 STREET ADDRESS **1066 FALGARWOOD DRIVE, UNIT 165**
 CITY-ST-ZIP **OAKVILLE ONTARIO CANADA**

TITLE ☐ Change ☐ Addition
 NAME *Peter Roess*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **ROESS, MONIKA**
 STREET ADDRESS **1066 FALGARWOOD DRIVE, UNIT 165**
 CITY-ST-ZIP **OAKVILLE ONTARIO CANADA**

TITLE ☐ Change ☐ Addition
 NAME *Monika Roess*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Reginald Daigle

April 2/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)