

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000006626

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** MGM OF WEST FLORIDA, LLC

**Current Principal Place of Business:**

7405 28TH ST COURT EAST  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 21057  
SARASOTA, FL 34277

**New Mailing Address:**

7405 28TH ST COURT EAST  
SARASOTA, FL 34243

**FEI Number:** 65-1027025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCLEOD, JAMES A  
11451 M J ROAD  
MYAKKA CITY, FL 34251 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MCLEOD, JAMES A  
**Address:** 11451 M J RD.  
**City-St-Zip:** MYAKKA CITY, FL 34251

**Title:** D  
**Name:** MCLEOD, TAMMY  
**Address:** 11451 M J ROAD  
**City-St-Zip:** MYAKKA CITY, FL 34251

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** JAMES MCLEOD

MGMR

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date