# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

FILED
04-28-2003 91003 026 ****50.00
03-24-2003 99016 038 ****50.00
03 MAY -9 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000066626

1. Entity Name
MGM OF WEST FLORIDA LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7733 STATE ROAD 72 | P O BOX 5848 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: SARASOTA FL | City & State: SARASOTA FL |
| Zip: 34241 Country: SARASOTA | Zip: 34277 Country: SARASOTA |

4. FEI Number: 65-1027025 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JAMES A MCLEOD

Street Address (P.O. Box Number is Not Acceptable): 11451 M J ROAD

City: MYAKKA CITY FL Zip Code: 34251

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

**FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

| | | | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>JAMES A MCLEOD<br>11451 M J ROAD<br>MYAKKA CITY FL 34251 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V PRESIDENT<br>CHARLIE E MCLEOD<br>6152 279 th ST EAST<br>MYAKKA CITY FL 34251 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
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CR2E083B (12/02)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #