

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000012935**

1. Entity Name

WILD WEST PROPERTY MANAGEMENT, LLC**FILED**
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90426 029 ****50.00

0013705

Principal Place of Business Mailing Address
14195 MOSSY OAK LANE 14195 MOSSY OAK LANE
MYAKKA CITY FL 34251 MYAKKA CITY FL 34251

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

65-1126553

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGR**
NAME **GORDON, DAVID B**
STREET ADDRESS **14195 MOSSY OAK LANE**
CITY-ST-ZIP **MYAKKA CITY FL 34251**

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10. ADDITIONS/CHANGES

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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:

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

7/23/02

Date

941-360-0443

Daytime Phone #

CR2E083 (4/02)