

Apr 17 03 01:59p David Gordon

Apr-17-03 01:08pm From-Kirk Pinkerton Law Firm

8413648227

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90307 030 \*\*\*150.00

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # LD1000012935

Entry Name

Wild West Property Management LLC

**30059419**

**DO NOT WRITE IN THIS SPACE**

1. Principal Place of Business

14195 mossy Oak Ln.

Suite, Apt. #, etc.

2. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Myakka City, FL

City & State

4. FEI Number

65-1126553

Applied For

Not Applicable

Zip

34251

Country

Manatee

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name David Silberstein

Street Address (P.O. Box Number is Not Acceptable)

720 S. Orange Ave

City Sarasota

FL

Zip Code 34236

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entry 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 registrant, agent and date if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS/MANAGERS**

| TITLE | NAME             | STREET ADDRESS      | CITY-ST-ZIP                    | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------------------|---------------------|--------------------------------|-------|------|----------------|-------------|
|       | <u>President</u> | <u>David Gordon</u> | <u>4815 E. Busch Blvd #208</u> |       |      |                |             |
|       |                  | <u>Jarapa, FL</u>   | <u>33617</u>                   |       |      |                |             |
| 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 |
|       |                  |                     |                                |       |      |                |             |
| 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 |
|       |                  |                     |                                |       |      |                |             |
| TITLE | NAME             | STREET ADDRESS      | CITY-ST-ZIP                    | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|       |                  |                     |                                |       |      |                |             |

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption provided 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 60B, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4/21/03

813 2871078