

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0063898

DOCUMENT # L01000022315

1. Entity Name

WAMAG L.L.C.



FILED  
03 APR 30 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

1141 SOUTH MCCALL RD., STE. B  
ENGLEWOOD FL 34223

Mailing Address

P.O. BOX 1707  
ENGLEWOOD FL 34295-1707

2. Principal Place of Business

6416 Spinnaker Blvd  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Englewood FL

City & State

Zip

Country

34224

Country

USA

Country

Country

4. FEI Number

01-0549848

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name Ronald L. McGuire

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

6416 Spinnaker Blvd

City Englewood

FL

Zip Code

34224

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 *Ronald L. McGuire*  
Signature, typed or printed name of registered agent and title if applicable.

Ronald L. McGuire

4/28/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME MCGUIRE, RONALD L  
STREET ADDRESS P.O. BOX 1707  
CITY-ST-ZIP ENGLEWOOD FL 34295-1707 ☐ Delete

TITLE MGR  
NAME WAMPLER, DAVID R  
STREET ADDRESS P.O. BOX 1707  
CITY-ST-ZIP ENGLEWOOD FL 34295-1707 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
500017559955  
04/30/03--01051--011 \*\*50.00

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

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

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

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

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

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: *Ronald L. McGuire*

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

4/28/03

Date:

(941) 473-7100

Daytime Phone #

CR2E083 (10/02)