

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0062065

DOCUMENT # L02000012072

1. Entity Name

MAGWAM, LLC



FILED

03 APR 30 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

168 BUNKER ROAD  
ROTUNDA WEST FL 33947

Mailing Address

168 BUNKER ROAD  
ROTUNDA WEST FL 33947

2. Principal Place of Business

3. Mailing Address

6416 Spinnaker Blvd  
Suite, Apt. #, etc.

PO Box 1707  
Suite, Apt. #, etc.

City & State

Englewood FL

City & State

Englewood FL

Zip  
34224

Country

USA

Zip

34225

Country

USA

4. FEI Number

46-0478996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAMPLER, DAVID  
168 BUNKER ROAD  
ROTUNDA WEST FL 33947

7. Name and Address of New Registered Agent

Name  
Ronald 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* Ronald L. McGuire

4/28/03

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

(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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Ronald L. McGuire  
6416 Spinnaker Blvd  
Englewood FL 34224 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400017560104  
04/30/03--01051--013 \*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
David Wampler  
6416 Spinnaker Blvd  
Englewood FL 34224 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Mark Psimos  
6416 Spinnaker Blvd  
Englewood FL 34224 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Michael Eichen  
6416 Spinnaker Blvd  
Englewood FL 34224 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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:

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

Date

Daytime Phone #

4/28/03 (941) 473-7100

CR2E083 (10/02)