

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90066 003 \*\*\*\*50.00

**DOCUMENT # L02000014841**

1. Entity Name

**WEST SIDE HOLDINGS, LLC.**



Principal Place of Business

**C/O EDWIN TURNER.MANAGER  
3844 AMAPOLA LANE  
SARASOTA FL 34238**

Mailing Address

**C/O EDWIN TURNER.MANAGER  
3844 AMAPOLA LANE  
SARASOTA FL 34238**

2. Principal Place of Business

**1920 2ND AVE. EAST**

3. Mailing Address

**1920 2ND AVE. EAST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**BRADENTON, FL**

City & State

**BRADENTON, FL**

4. FEI Number

**34-1975623**

Applied For

☐ Not Applicable

Zip

**34208**

Country

**MANATEE**

Zip

**34208**

Country

**MANATEE**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COOK, JOHN F ESQ  
JOHN F. COOK PA  
~~330 SOUTH ORANGE AVENUE~~  
SARASOTA FL 34238**

7. Name and Address of New Registered Agent

Name

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

**2033 WOOD STREET, SUITE 220**

City

**SARASOTA**

FL

Zip Code

**34237**

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.

**JOHN F. COOK**

(NOTE: Registered Agent signature required when reinstating)

**9-2-03**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **TURNER, EDWIN**  
STREET ADDRESS **3844 AMAPOLA LANE**  
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1920 2ND. EAST**  
CITY-ST-ZIP **BRADENTON, FL 34208**

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**EDWIN TURNER**

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

**8/27/03**

Date

**(941)922-0759**

Daytime Phone #

0020013

CR2E083 (4/03)