

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

DOCUMENT # L02000034358

1. Entity Name

WAY OUT WEST FARM, LLC



FILED

03 APR 23 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7501 Carol Street

Suite, Apt. #, etc.

3. Mailing Address

5801 N. Congress Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Loxahatchee, FL

City & State

Boca Raton, FL. 3

4. FEI Number

83-0344756

Applied For

Not Applicable

Zip

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Geoffrey S. Mombach, Esquire

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

500 East Broward Blvd., Suite 1950

City

Ft. Lauderdale,

FL

Zip Code
33394

**DO NOT WRITE
IN THIS SPACE**

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

DATE

4/8/03

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Member

Steve Wolf

5801 N. Congress Avenue

Boca Raton, FL 33487

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

800014551148

03/24/03--01048--013 **50.00

TITLE

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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 recorder 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

3/7/03

Date

561-498-5600

Daytime Phone #

CR2E083B (12/02)