

FILED
Jun 30, 2003 8:00 am
Secretary of State

05-02-2003 90586 034 ****50.00

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

DOCUMENT # L02000034500

1. Entity Name

WILDERNESS LAKE HOUSE, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3900 W. Kennedy Blvd
Suite, Apt. #, etc.

3. Mailing Address

3900 W. Kennedy Blvd
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

55-0811203

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33609

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name J. Michael Lindell Esq.

Street Address (P.O. Box Number is Not Acceptable)
12276 San Jose Blvd., Suite 126

City Jacksonville

FL

Zip Code 32223

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 use if applicable

DATE

FEES (\$50.00)

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE member, Managing (mgr)
NAME Carl Lindell, Jr.
STREET ADDRESS 3900 W Kennedy Blvd
CITY-ST-ZIP Tampa, FL 33609

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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 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

4-29-03

813-872-4841