

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000068028

**Entity Name:** WILD WEST 31 BBQ LLC

**Current Principal Place of Business:**

670 BLAIR RD  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

670 BLAIR RD  
JACKSONVILLE, FL 32221 US

**FEI Number: 88-0796514**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CREWS, JONATHAN  
670 BLAIR RD  
JACKSONVILLE, FL 32221 US

*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.*

**SIGNATURE: JONATHAN CREWS**

**04/30/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CREWS, JONATHAN  
Address 670 BLAIR RD  
City-State-Zip: JACKSONVILLE FL 32221

Title MGR  
Name PARHAM, KYLE  
Address 670 BLAIR RD  
City-State-Zip: JACKSONVILLE FL 32221

Title AMBR  
Name CREWS, JONATHAN  
Address 670 BLAIR RD  
City-State-Zip: JACKSONVILLE FL 32221

Title AMBR  
Name PARHAM, KYLE  
Address 670 BLAIR RD  
City-State-Zip: JACKSONVILLE FL 32221

Title AMBR  
Name JOHNSON, MATTHEW  
Address 670 BLAIR RD  
City-State-Zip: JACKSONVILLE FL 32221

Title AMBR  
Name TIPTON, CHRISTOPHER  
Address 670 BLAIR RD  
City-State-Zip: JACKSONVILLE FL 32221

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JONATHAN CREWS**

**MANAGER**

**04/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date