

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000177654

**Entity Name:** WICKED WICKER LLC

**Current Principal Place of Business:**

5900 SHIRLEY ST #1&2  
NAPLES, FL 34109

**Current Mailing Address:**

8951 BONITA BEACH RD SE  
525-281  
BONITA SPRINGS, FL 34135 US

**FEI Number:** 46-4417099

**Certificate of Status Desired:** No

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

SCHULZ, OLGA  
5900 SHIRLEY ST #1&2  
NAPLES, FL 34109 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name SCHULZ, OLGA N  
Address 8951 BONITA BEACH RD SE  
525-281  
City-State-Zip: BONITA SPRINGS FL 34135

*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:** OLGA N SCHULZ

MANAGER

04/29/2016

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date