

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000152365

**Entity Name:** WOLVERINE AUTOS LLC

**Current Principal Place of Business:**

2743 AURORA RD  
MELBOURNE, FL 32935

**Current Mailing Address:**

2743 AURORA RD  
MELBOURNE, FL 32935

**FEI Number:** 47-1957959

**Certificate of Status Desired:** No

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

TAYLOR, SUSAN L  
3150 N WICKHAM RD STE 3  
MELBOURNE, FL 32935 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	MGRM	Title	MGR
Name	PARR, SOLEN G	Name	PARR, JAMIE L
Address	40 BONAVENTURE DR	Address	40 BONAVENTURE DR
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955

*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:** SOLEN PARR

MGRM

03/11/2016

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

\_\_\_\_\_  
Date