DOCUMENT# L15000135433

Entity Name: MARC HARRIS WILDLIFE LLC

#### **Current Principal Place of Business:**

4723 NW 36TH AVE CAPE CORAL, FL 33993

#### **Current Mailing Address:**

P.O.BOX 819 FORT MYERS, FL 33902 US

## FEI Number: 47-4734316

# Name and Address of Current Registered Agent:

HARRIS, MARC 4723 NW 36TH AVE CAPE CORAL, FL 33993 US

## Certificate of Status Desired: No

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

### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	HARRIS, MARC	Name	DRAKE, ALISON
Address	P.O.BOX 819	Address	P.O.BOX 819
City-State-Zip:	FORT MYERS FL 33902	City-State-Zip:	FORT MYERS FL 33902

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: MARC HARRIS

MGR

05/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED May 10, 2020 Secretary of State 2296722861CC

Date