

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000004602

**Entity Name:** WOLFE RENTALS FL, LLC

**Current Principal Place of Business:**

275 SYCAMORE SHAW RD  
SALEM, WV 26426

**Current Mailing Address:**

275 SYCAMORE SHAW RD  
SALEM, WV 26426 US

**FEI Number:** 81-1119447

**Certificate of Status Desired:** No

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

KOREY, R. KEVIN  
595 W GRANADA BLVD STE A  
ORMOND BEACH, FL 32174 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           | AMBR                 | Title           | AMBR                 |
| Name            | WOLFE, M. JAY        | Name            | WOLFE, MOLLIE H      |
| Address         | 275 SYCAMORE SHAW RD | Address         | 275 SYCAMORE SHAW RD |
| City-State-Zip: | SALEM WV 26426       | City-State-Zip: | SALEM WV 26426       |

*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:** M. JAY WOLFE

**MEMBER**

**01/16/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date