# 2017 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

## 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

# 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

01/11/2017 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 11, 2017 Secretary of State CC1334075067

Date

Certificate of Status Desired: No