

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000214748

**Entity Name:** WOLF PROFESSIONAL SERVICES LLC

**Current Principal Place of Business:**

13555 NE 49TH TER  
ANTHONY, FL 32617

**Current Mailing Address:**

13555 NE 49TH TER  
ANTHONY, FL 32617 US

**FEI Number:** 46-1138861

**Certificate of Status Desired:** No

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

WOLF, RICHARD A  
13555 NE 49TH TER  
ANTHONY, FL 32617 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 WOLF, RICHARD A  
Address 13555 NE 49TH TER  
City-State-Zip: ANTHONY FL 32617

*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:** RICHARD A WOLF

MANAGER

02/05/2022

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

\_\_\_\_\_  
Date