SIGNATURE: SOLEN G PARR

that my name appears above, or on an attachment with all other like empowered.

TAYLOR, SUSAN L 217 WESTWOOD DRIVE TALLAHASSEE, FL 32304 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	MGRM	Title	MGR
Name	PARR, SOLEN G	Name	PARR, JAMIE
Address	40 BONAVENTURE DR	Address	40 BONAVENTURE DR
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955

DOCUMENT# L19000293744

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: WOLVERINE R & R LLC

Current Principal Place of Business:

134 HIBISCUS ST STE 1 MELBOURNE, FL 32935

Current Mailing Address:

134 HIBISCUS ST STE 1 MELBOURNE, FL 32935

FEI Number: 84-3823684

Name and Address of Current Registered Agent:

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

> 01/26/2023 MANAGING MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 26, 2023 Secretary of State 8301419701CC

Certificate of Status Desired: No

Date

Date