

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000125149

**Entity Name:** WILDLIFE LOVERS, LLC

**Current Principal Place of Business:**

6442 COMMERCE PARK DR  
SUITE 1  
FORT MYERS, FL 33966

**Current Mailing Address:**

6442 COMMERCE PARK DR  
SUITE 1  
FORT MYERS, FL 33966

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SEINE DUPONT, SAMANTHA M  
6442 COMMERCE PARK DR  
SUITE 1  
FORT MYERS, FL 33966 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:** SAMANTHA MARYVONNE SEINE DUPONT

04/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SEINE DUPONT, SAMANTHA M  
Address 6442 COMMERCE PARK DR, SUITE 1  
City-State-Zip: FORT MYERS FL 33966

Title AMBR  
Name DUPONT, VICTOR M  
Address 6442 COMMERCE PARK DR, SUITE 1  
City-State-Zip: FORT MYERS FL 33966

*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:** SAMANTHA SEINE DUPONT

AMBR

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date