

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # L01000011611

1. Entity Name

WOLFE LAWN, LLC



Principal Place of Business

4573 GADARA ROAD
KEYSTONE HEIGHTS FL 32656
US

Mailing Address

PO BOX 1931
MIDDLEBURG FL 32050-1931



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3740533

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent

HOWARD J. SMITH, P.A.
ONE SAN JOSE PLACE
SUITE 31
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when consenting)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WOLFE, LARRY D
STREET ADDRESS 4573 GADARA ROAD
CITY- ST- ZIP KEYSTONE HEIGHTS FL 32656

TITLE
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CITY- ST- ZIP

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10. ADDITIONS/CHANGES

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CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Larry Wolfe as Managing Member

3-20-08

352-473-2542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Digitized by eS