

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024719

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** HOG WILD, LLC

**Current Principal Place of Business:**

41 E. PELICAN STREET  
ISLE OF CAPRI, FL 34113 US

**New Principal Place of Business:**

**Current Mailing Address:**

41 E. PELICAN STREET  
ISLE OF CAPRI, FL 34113 US

**New Mailing Address:**

**FEI Number:** 38-3661401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARMIGNANI, A. WAYNE  
41 E. PELICAN STREET  
ISLE OF CAPRI, FL 34113 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CARMIGNANI, A. WAYNE  
**Address:** 41 E. PELICAN STREET  
**City-St-Zip:** ISLE OF CAPRI, FL 34113

**Title:** MGRM  
**Name:** CARMIGNANI, ANGELO B  
**Address:** 785 DOVE COURT  
**City-St-Zip:** MARCO ISLAND, FL 34145

**Title:** MGRM  
**Name:** CARMIGNANI, TRACY A,  
**Address:** 154 STILLWATER COURT  
**City-St-Zip:** MARCO ISLAND, FL 34145

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** CARMIGNANI, A. WAYNE

MGRM

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date