

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90210 023 \*\*\*\*50.00

DOCUMENT # L03000011744

1. Entity Name  
WOLVAGATOR, LLC



Principal Place of Business  
916 WOODWARD STREET  
LAKE LAND, FL 33803-4154

Mailing Address  
916 WOODWARD STREET  
LAKE LAND, FL 33803-4154

20004608



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
01-0779300

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, MIKE  
916 WOODWARD STREET  
LAKE LAND, FL 33803-4154

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 signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME HAMMERBERG, EDWARD II  
STREET ADDRESS 1023 EUCLID AVE.  
CITY-ST-ZIP LAKE LAND, FL 33803

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME HAMMERBERG, EDWARD III  
STREET ADDRESS 2656 GREEN VALLEY DRIVE  
CITY-ST-ZIP LAKE LAND, FL 33813

TITLE ☒ Change ☐ Addition  
NAME 4933 SUNNYWOOD CIRCLE  
STREET ADDRESS LAKE LAND, FL 33812  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME MGRM  
STREET ADDRESS MICHAEL WILSON  
CITY-ST-ZIP 916 WOODARD STREET  
LAKE LAND, FLORIDA 33803

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

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

2/16/07

863  
666-1108

Daytime Phone #