

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000014234

Entity Name: LOUIS E. WOLFE, LLC

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1281 GULF OF MEXICO DRIVE, #304  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

1281 GULF OF MEXICO DRIVE  
UNIT 304  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

1281 GULF OF MEXICO DRIVE, #304  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

1281 GULF OF MEXICO DRIVE  
UNIT 304  
LONGBOAT KEY, FL 34228

FEI Number: 90-0148569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOLFE, ADAM M ESQ.  
3120 W. OAKELLAR AVE  
TAMPA, FL 33611 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: WOLFE, ADAM M  
Address: 3120 W. OAKELLAR AVE.  
City-St-Zip: TAMPA, FL 33611

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: ADAM WOLFE

P

02/16/2010

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