

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000057443

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** WOLF INVESTIGATIVE SPECIALISTS, LLC

**Current Principal Place of Business:**

23720 CR 44A  
EUSTIS, FL 32736 US

**New Principal Place of Business:**

**Current Mailing Address:**

23720 CR 44A  
EUSTIS, FL 32736 US

**New Mailing Address:**

18950 US HWY 441 #155  
MT. DORA, FL 32757 US

**FEI Number:** 20-1441195

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMITH, STEPHANIE  
23720 CR 44A  
EUSTIS, FL 32736 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:** MGR  
**Name:** HOPKINS, LESLEIGH  
**Address:** PO BOX 181724  
**City-St-Zip:** CASSELBERRY, FL 32718 US

**Title:** MGR  
**Name:** SMITH, STEPHANIE  
**Address:** 18950 US HWY 441 #155  
**City-St-Zip:** MT. DORA, FL 32736

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:** STEPHANIE SMITH

MGR

03/18/2010

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