

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076213

Entity Name: WOLFF MAJOR, LLC

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

2929 DUNDEE ROAD
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9407
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 20-1769030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STETTLER, INGA W
2929 DUNDEE ROAD
WINTER HAVEN, FL 33884 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 () Delete
Name: WOLFF, PETER U
Address: 363 STERLING DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGRM () Delete
Name: STETTLER, INGA W
Address: 204 INVERNESS WAY N.E.
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOLFF, PETER U
Address: 2929 DUNDEE ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: INGA W. STETTLER

MGRM

01/06/2009

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