

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000081306**

1. Entity Name  
**WOLFE PACK, L.L.C.**



Principal Place of Business

**3859 BEE RIDGE ROAD  
SUITE 200  
SARASOTA, FL 34233**

Mailing Address

**3859 BEE RIDGE ROAD  
SARASOTA, FL 34233**

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**26-4084415**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NORTON, SAM D  
1819 MAIN STREET, SUITE 810  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000499894  
04/24/06-80048-009 50.00

9. **MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
JOHNSTON, TODD J  
3859 BEE RIDGE ROAD  
SARASOTA, FL 34233**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
JOHNSTON, KAREN L  
3859 BEE RIDGE ROAD  
SARASOTA, FL 34233**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/6/06

941-925-4400