

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000032534

Entity Name: WOLF PROPERTIES, LLC

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

375 COMMERCE WAY  
SUITE 101  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 520090  
LONGWOOD, FL 32752

**New Mailing Address:**

FEI Number: 20-2795291

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ST. LAURENT, WENDY MANAGER  
375 COMMERCE WAY  
SUITE 101  
LONGWOOD, FL, FL 33133 US

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

ST. LAURENT, WENDY MANAGER  
375 COMMERCE WAY  
SUITE 101  
LONGWOOD, FL 33133 US

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: WENDY ST. LAURENT

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ST. LAURENT PROPERTIES, LLC  
Address: 375 COMMERCE WAY, SUITE 101  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES:**

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: WENDY ST. LAURENT

MGR

04/30/2009

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