

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # L06000115684

1. Entity Name
WIRTZ HOLDINGS, LLC



Principal Place of Business
**3215 GULF SHORE BOULEVARD NORTH
UNIT 310
NAPLES, FL 34103**

Mailing Address
**1045 KAREN ST
BOALSBURG, PA 16827**



03162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5993171

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SALVATORI & WOOD, PL
4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES, FL 34103**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WIRTZ, TOD A 136 WILDWOOD DRIVE BUTLER, PA 16002
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WIRTZ, STUART P 572 NORTH ASAPH STREET ALEXANDRIA, VA 22314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OLSEN, LYDIA W 1045 KAREN STREET BOALSBURG, PA 16827
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000864722
04/04/08-80026-006 138.75

**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: *Lydia W. Olsen* **LYDIA W OLSEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/17/08

Date

(814) 466-3440

Daytime Phone #