

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098223

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: WOLF'S PIECE OF THE PIE LLC

**Current Principal Place of Business:**

6003 TEALSIDE CT  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

6003 TEALSIDE CT  
LITHIA, FL 33547

**New Mailing Address:**

FEI Number: 22-3968875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 ( ) Delete  
Name: WOLFENDEN, ROBERT A  
Address: 6003 TEALSIDE CT  
City-St-Zip: LITHIA, FL 33547

Title: VMGR ( ) Delete  
Name: WOLFENDEN, LEIGH ANN  
Address: 6003 TEALSIDE CT  
City-St-Zip: LITHIA, FL 33547

Title: S ( ) Delete  
Name: WOLFENDEN, LEIGH ANN  
Address: 6003 TEALSIDE CT  
City-St-Zip: LITHIA, FL 33547

**ADDITIONS/CHANGES:**

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

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

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: LEIGH ANN WOLFENDEN

S

04/07/2009

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