

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104564

**Entity Name:** CHRISTINE A. WOLFE, LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3109 VAN BUREN PKWY  
CAPE CORAL, FL 33993

**New Principal Place of Business:**

1720 S.W. 51ST TERRACE  
CAPE CORAL, FL 33914 US

**Current Mailing Address:**

3109 VAN BUREN PKWY  
CAPE CORAL, FL 33993

**New Mailing Address:**

1720 S.W. 51ST TERRACE  
CAPE CORAL, FL 33914 US

FEI Number: 26-3685672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WOLFE, CHRSTINE A  
3109 VAN BUREN PKWY  
CAPE CORAL, FL 33993 US

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

WOLFE, CHRSTINE A  
1720 S.W. 51ST TERRACE  
CAPE CORAL, FL 33914 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: CHRISTINE A. WOLFE

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WOLFE, CHRISTINE A  
Address: 1720 S.W. 51ST TERRACE  
City-St-Zip: CAPE CORAL, FL 33914 US

I hereby 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: CHRISTINE A. WOLFE

MGR

04/29/2010

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