

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000001903

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** THOMPSON WESLEY WOLFE LLC

**Current Principal Place of Business:**

1030 N. ORANGE AVE.  
#220  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

1030 N. ORANGE AVE.  
#220  
ORLANDO, FL 32801 US

**New Mailing Address:**

**FEI Number:** 26-3995787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WESLEY, ROBERT V  
1030 N. ORANGE AVE  
#220  
ORLANDO, FL 32801 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:** MGRM  
**Name:** THOMPSON, ROBERT L  
**Address:** 414 E. PINE ST. #1208  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** MGRM  
**Name:** WESLEY, ROBERT V  
**Address:** 101 S. EOLA DR. #1008  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** MGRM  
**Name:** WOLFE, TIFFANY J  
**Address:** 2812 E. WASHINGTON STREET  
**City-St-Zip:** ORLANDO, FL 34711

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:** ROBERT L THOMPSON

VP

03/26/2012

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