

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000061055

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** LAW OFFICES OF MATTHEW L. WOLFE, LLC

**Current Principal Place of Business:**

1176 EDGEWOOD AVE. S. STE. 7  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

2254 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1176 EDGEWOOD AVE. S. STE. 7  
JACKSONVILLE, FL 32205

**New Mailing Address:**

2254 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

**FEI Number:** 27-0419849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLFE, MATTHEW L  
1176 EDGEWOOD AVE. S. STE. 7  
JACKSONVILLE, FL 32205 US

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

WOLFE, MATTHEW L  
2254 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204 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: MATTHEW L. WOLFE

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WOLFE, MATTHEW L  
Address: 2254 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204

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: MATTHEW L. WOLFE

MGRM

01/05/2010

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