

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000073808

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** ALPHA WOLF ENTERPRISES, LLC

**Current Principal Place of Business:**

3925 W CO HWY 30-A  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

174 WATERCOLOR WAY  
#335  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 27-0824789      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

COWEN, KALEN L  
50 5TH ST  
SHALIMAR, FL 32579      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:** DONVITO, MICHAEL S  
**Address:** 174 WATERCOLOR WAY #335  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459

**Title:** MGRM  
**Name:** DOYLE, TIM K  
**Address:** 174 WATERCOLOR WAY #335  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459

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:** MICHAEL DONVITO

MGRM

04/27/2010

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