

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000066256

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** WOLCOTT ENTERPRISE, LLC

**Current Principal Place of Business:**

1283 GRAND CANAL DRIVE  
NAPLES, FL 34110

**New Principal Place of Business:**

854 RIVER POINT DR.  
NAPLES, FL 34102

**Current Mailing Address:**

1283 GRAND CANAL DRIVE  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 27-2942518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE REGISTERED AGENT, LLC  
5147 CASTELLO DRIVE  
NAPLES, FL 34103 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:** WOLCOTT, MARK C  
**Address:** 1283 GRAND CANAL DRIVE  
**City-St-Zip:** NAPLES, FL 34110

**Title:** MGRM  
**Name:** ZACHMANN, KATHLEEN  
**Address:** 1283 GRAND CANAL DRIVE  
**City-St-Zip:** NAPLES, FL 34110

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:** K. ZACHMANN

MGR

04/08/2011

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