

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000000515		
1. Entity Name SELLING AMONG WOLVES, LLC		
Principal Place of Business 380 INTERSTATE CT., STE 202 SARASOTA, FL 34240	Mailing Address PO BOX 19888 SARASOTA, FL 34276	
DO NOT WRITE IN THIS SPACE		



06302005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1111431	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PINK, MICHAEL 380 INTERSTATE CT., STE 202 SARASOTA, FL 34240

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINK, MICHAEL PO BOX 19888 SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINK, BRENDA PO BOX 19888 SARASOTA, FL
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Q. Pink* MICHAEL Q. PINK 7/20/05 941-377-9384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #