

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000008801

**Entity Name:** WILSON ENTERPRISES, LLC

**Current Principal Place of Business:**

8991 SW 209 CIRCLE  
DUNNELLON, FL 34431

**Current Mailing Address:**

P.O. BOX 3329  
DUNNELLON, FL 34430 US

**FEI Number: 20-8304893**

**Certificate of Status Desired: No**

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

WILSON, DAN  
8991 SW 209 CIRCLE  
DUNNELLON, FL 34431 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DAN, WILSON  
Address P.O. BOX 3329  
City-State-Zip: DUNNELLON FL 34430

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DAN WILSON**

**OWNER/MANAGER**

**01/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date