

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000025306

Entity Name: WANTED DEAD OR ALIVE L.L.C.

Current Principal Place of Business:

2309 HANCOCK BRIDGE PKWY
CAPE CORAL, FL 33990

Current Mailing Address:

1011 APRIL LN
N. FT. MYERS, FL 33903

FEI Number: 45-0687589

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HORGAN, MARIAN E
27060 RICHVIEW CT
BONITA SPRINGS, FL 34135 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 ONCKEN, CHRISTOPHER
Address 1011 APRIL LN
City-State-Zip: N. FT. MYERS FL 33903

Title MGR
Name HORGAN, CHRISTINE E
Address 1011 APRIL LN
City-State-Zip: N. FT. MYERS FL 33903

Title MGR
Name ONCKEN, VICTORIA E
Address 1011 APRIL LN
City-State-Zip: N. FT. MYERS FL 33903

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: CHRISTINE HORGAN

MANAGER

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date