

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000025306

**Entity Name:** WANTED TOWING & RECOVERY L.L.C.

**Current Principal Place of Business:**

227 SW 3RD AVE  
UNIT 400  
CAPE CORAL, FL 33991

**Current Mailing Address:**

227 SW 3RD AVE  
UNIT 400  
CAPE CORAL, FL 33991 US

**FEI Number:** 45-0687589

**Certificate of Status Desired:** No

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

HORGAN, MARIAN E  
227 SW 3RD AVE  
UNIT 400  
CAPE CORAL, FL 33991 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 AMBR  
Name ONCKEN, CHRISTOPHER  
Address 227 SW 3RD AVE  
UNIT 400  
City-State-Zip: CAPE CORAL FL 33991  
  
Title AUTHORIZED REP  
Name ONCKEN, VICTORIA ELIZABETH  
Address 1011 APRIL LANE  
City-State-Zip: NORTH FORT MYERS FL 33903

Title AMBR  
Name HORGAN, CHRISTINE  
Address 227 SW 3RD AVE  
UNIT 400  
City-State-Zip: CAPE CORAL FL 33991

*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

**OWNER**

**02/10/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date