

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000101625

Entity Name: SEAWOLFE, LLC

Current Principal Place of Business:

19 FAIRBANKS DRIVE
CLEARWATER, FL 33764

Current Mailing Address:

PO BOX 2924
CLEARWATER, FL 33757

FEI Number: 46-2332746

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOLFE, JOE R
P. O. BOX 2924
CLEARWATER, FL 33757 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 MGR
Name WOLFE, JOE R
Address PO BOX 2924
City-State-Zip: CLEARWATER FL 33764

Title MGR
Name STEWART, ROBERT
Address 19 FAIRBANKS DRIVE
City-State-Zip: CLEARWATER FL 33764

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOE R. WOLFE

MANAGER

04/15/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date