

**2016 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  
5323 BOARDWALK S ST.  
HOLIDAY, FL 34690 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:** JOE R. WOLFE

03/31/2016

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

**SIGNATURE:** JOE R. WOLFE

MANAGER

03/31/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date