

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000140087

Entity Name: ADAM M. WOLFE L.L.C.

Current Principal Place of Business:

3120 W. OAKELLAR AVE.
TAMPA, FL 33611

Current Mailing Address:

3120 W. OAKELLAR AVE.
TAMPA, FL 33611

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOLFE, ADAM M
3120 W. OAKELLAR AVE.
TAMPA, FL 33611 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, ADAM M
Address 3120 W. OAKELLAR AVE
City-State-Zip: TAMPA FL 33611

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: ADAM WOLFE

MANAGER

01/08/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date