

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000216715

**Entity Name:** WOLFIE HOLDINGS 2, LLC

**Current Principal Place of Business:**

8525 DE HAVILAND COURT  
VERO BEACH, FL 32968

**Current Mailing Address:**

8525 DE HAVILAND COURT  
VERO BEACH, FL 32968

**FEI Number:** 82-3149005

**Certificate of Status Desired:** Yes

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

WOLFENDEN, INGA H  
8525 DE HAVILAND COURT  
VERO BEACH, FL 32968 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  | Title           | MGR  |
| Name            | THE IAN WOLFENDEN LIVING TRUST,<br>9-28-17 | Name            | THE I. H. WOLFENDEN LIVING TRUST,<br>9-28-17 |
| Address         | 8525 DE HAVILAND COURT                     | Address         | 8525 DE HAVILAND COURT                       |
| City-State-Zip: | VERO BEACH FL 32968                        | City-State-Zip: | VERO BEACH FL 32968                          |

*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:** INGA HELENE WOLFENDEN

**MGR**

**02/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date