

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000205993

**Entity Name:** THE WOLFGANG ACADEMY OF MUSIC LLC

**Current Principal Place of Business:**

4860 MERITAGE PLACE  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

4860 MERITAGE PLACE  
ROCKLEDGE, FL 32955

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

WOLFGANG, SARINA  
4860 MERITAGE PLACE  
ROCKLEDGE, FL 32955 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            WOLFGANG, SARINA  
Address        4860 MERITAGE PLACE  
City-State-Zip: ROCKLEDGE FL 32955

*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:** SARINA WOLFGANG

**MEMBER**

**03/04/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date