

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000029246

**Entity Name:** BLUE WOLF MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

524 PLYMOUTH ROAD  
BOX 639  
GWYNEDD VALLEY, PA 19437

**Current Mailing Address:**

524 PLYMOUTH ROAD  
BOX 639  
GWYNEDD VALLEY, PA 19437 US

**FEI Number:** 20-1023521

**Certificate of Status Desired:** Yes

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

RUBIN, MICHAEL  
5521 UNIVERSITY DRIVE  
SUITE 104  
CORAL SPRINGS, FL 33067 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 CLIFTON, ELIZABETH L  
Address 4993 BACOPA LANE, UNIT 104  
City-State-Zip: SAINT PETERSBURG FL 33715

*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:** ELIZABETH L CLIFTON

**OWNER**

**01/27/2015**

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

\_\_\_\_\_  
Date