

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121632

Entity Name: WRP-GP, LLC**Current Principal Place of Business:**315 EAST NEW MARKET ROAD
IMMOKALEE, FL 34142**Current Mailing Address:**PO BOX 3088
IMMOKALEE, FL 34143**FEI Number:** 20-3982199**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HF REGISTERED AGENTS, LLC
1715 MONROE ST.
FT MYERS, FL 33901 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:** ERIN E. HOUCK-TOLL, VICE PRESIDENT

01/12/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SHOEMAKER, KENT
Address 315 EAST NEW MARKET ROAD
City-State-Zip: IMMOKALEE FL 34142

Title P
Name SHOEMAKER, KENT
Address 315 EAST NEW MARKET ROAD
City-State-Zip: IMMOKALEE FL 34142

Title VP
Name MICELLE, DARREN
Address 315 EAST NEW MARKET ROAD
City-State-Zip: IMMOKALEE FL 34142

Title VP, CAO, S
Name PURSE, TOBY K
Address 315 EAST NEW MARKET ROAD
City-State-Zip: IMMOKALEE FL 34142

Title VP - PURCHASING
Name PRESS, MAXWELL L
Address 315 EAST NEW MARKET ROAD
City-State-Zip: IMMOKALEE FL 34142

Title VP - REAL ESTATE
Name WEISINGER, JAIME
Address 315 EAST NEW MARKET ROAD
City-State-Zip: IMMOKALEE FL 34142

Title VP, CFO, T
Name YURKO, DREW
Address 315 EAST NEW MARKET ROAD
City-State-Zip: IMMOKALEE FL 34142

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: KENT SHOEMAKER

PRESIDENT

01/12/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date