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: THOMAS MITCHELL

Electronic Signature of Signing Authorized Person(s) Detail

BUSTARD, R. DAVID 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 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 Authorized Person(s) Detail :

Title	PRES	Title	VP
Name	MITCHELL, THOMAS DMR.	Name	BLACKWOLFF HOMES LLC
Address	2419 SESAME ST.	Address	741 HIDEAWAY BAY DR.
City-State-Zip:	SARASOTA FL 34231	City-State-Zip:	LONBOAT KEY FL 34228

FEI Number: 20-5419992

Name and Address of Current Registered Agent:

Entity Name: BLACKWOLFF HOMES CONSTRUCTION, LLC

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

2529 SESAME ST. SARASOTA, FL 34231

Current Mailing Address:

2519 SESAME STREET SARASOTA, FL 34231

DOCUMENT# L0600008636

PRESIDENT

04/29/2015 Date

FILED Apr 29, 2015 Secretary of State CC1401299668

Certificate of Status Desired: No

Date

