**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 18, 2014**
**Secretary of State**
**CC3273100649**

DOCUMENT# L06000019346

**Entity Name:** WOLFF FARMS, LLC

**Current Principal Place of Business:**

7457 PARK LANE
LAKE WORTH, FL 33467

**Current Mailing Address:**

7457 PARK LANE
LAKE WORTH, FL 33467

**FEI Number: 20-4494883**

**Certificate of Status Desired:** No

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

KRASKER, PAUL ESQ
625 NORTH FLAGLER DRIVE 9TH FL
WEST PALM BEACH, FL 33401 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 | MGRM | Title | MGRM |
| Name | FT. PIERCE GROVES, LLC | Name | LULFS, BRIAN |
| Address | 7457 PARK LANE | Address | 7457 PARK LANE |
| City-State-Zip: | LAKE WORTH FL 33467 | City-State-Zip: | LAKE WORTH FL 33467 |
| Title | MGRM | Title | MGRM |
| Name | POYNER, KELLY | Name | POYNER, ROBERT |
| Address | 15789 CYPRESS CHASE LANE | Address | 15789 CYPRESS CHASE LANE |
| City-State-Zip: | WELLINGTON FL 33414 | City-State-Zip: | WELLINGTON FL 33414 |

*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: ROBERT L POYNER JR MANAGER 03/18/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date