

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000600

**Entity Name:** WILD CONSULT, L.L.C.

**Current Principal Place of Business:**

1518 SE 11TH PLACE  
CAPE CORAL, FL 33990

**Current Mailing Address:**

P.O. BOX 100012  
CAPE CORAL, FL 33910

**FEI Number:** 37-1619651

**Certificate of Status Desired:** No

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

SCHUTT, DARRIN RESQ  
1322 SE 46TH LANE  
STE 202  
CAPE CORAL, FL 33904 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  
Name WILD, MARTIN  
Address P.O. BOX 100012  
City-State-Zip: CAPE CORAL FL 33910

Title MGRM  
Name WILD, BARBARA C  
Address P.O. BOX 100012  
City-State-Zip: CAPE CORAL FL 33910

*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:** MARTIN WILD

**MANAGING MEMBER**

**03/23/2014**

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

\_\_\_\_\_  
Date