

2015 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
12601 NEW BRITTANY BLVD
FORT MYERS, FL 33907 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

MGRM

01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date