

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000001614

**Entity Name:** NOPETRO - CH4 HOLDINGS, LLC**Current Principal Place of Business:**2625 PONCE DE LEON BLVD., SUITE 101  
CORAL GABLES, FL 33134**Current Mailing Address:**2625 PONCE DE LEON BLVD., SUITE 101  
CORAL GABLES, FL 33134 US**FEI Number:** 30-0713083**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**URBANO, MAYRA  
12010 MICHAELSON WAY W  
JACKSONVILLE, FL 32223 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:** MAYRA URBANO

04/08/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HERRERA, JORGE A  
Address 2625 PONCE DE LEON BLVD.  
SUITE 101  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name LOCKE, JONATHAN  
Address 2625 PONCE DE LEON BLVD.  
SUITE 101  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name SMITH, JR., V. HAWLEY  
Address 2625 PONCE DE LEON BLVD.  
SUITE 101  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name DEMETREE, JAY  
Address 2625 PONCE DE LEON BLVD.  
SUITE 101  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name BUSSELLS, WALT  
Address 2625 PONCE DE LEON BLVD.  
SUITE 101  
City-State-Zip: CORAL GABLES FL 33134

*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:** JONATHAN LOCKE**PRESIDENT**

04/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date