

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000157223

**Entity Name:** WOLFPACK'S PINNACLE VIEW LLC

**Current Principal Place of Business:**

9400 S DADELAND BOULEVARD  
SUITE 100  
MIAMI, FL 33156

**Current Mailing Address:**

9400 S DADELAND BOULEVARD  
SUITE 100  
MIAMI, FL 33156

**FEI Number:** 35-2463653

**Certificate of Status Desired:** Yes

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

COHEN, GARY J  
201 SOUTH BISCAYNE BLVD  
SUITE 1500  
MIAMI, FL 33131 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           MANAGER  
Name           WOLFSON III, LOUIS  
Address        9400 S DADELAND BOULEVARD  
                  SUITE 100  
City-State-Zip: MIAMI FL 33156

*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:** LOUIS WOLFSON III

**MANAGER**

**01/09/2015**

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

\_\_\_\_\_  
Date