FORT LAUDER	AVE 2DALE, FL 33308			
Current Mai	ling Address:			
5870 NE 221 FORT LAUD	ND AVE DERDALE, FL 33308 US			
FEI Number: 47-4575168 Certificate of Status I			Certificate of Status Desi	red: Yes
Name and A	Address of Current Registered Agent:			
	FFREY J			
	IWY DRS, FL 33305 US	stored office or regis	tarad agant or both in the State of Ele	rida
2435 N DIXIE H WILTON MANC	IWY DRS, FL 33305 US d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flo	
2435 N DIXIE H WILTON MANC	IWY DRS, FL 33305 US	stered office or regis	tered agent, or both, in the State of Flo	rida. 04/26/2017 Date
2435 N DIXIE H WILTON MANC The above named SIGNATURE	IWY DRS, FL 33305 US d entity submits this statement for the purpose of changing its regis E: JEFFREY STERLING	stered office or regis	tered agent, or both, in the State of Flo	04/26/2017
2435 N DIXIE H WILTON MANC The above named SIGNATURE	WY DRS, FL 33305 US d entity submits this statement for the purpose of changing its regis E: JEFFREY STERLING Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flo	04/26/2017
2435 N DIXIE H WILTON MANC The above named SIGNATURE Authorized	WY DRS, FL 33305 US d entity submits this statement for the purpose of changing its regis E: JEFFREY STERLING Electronic Signature of Registered Agent Person(s) Detail :			04/26/2017
2435 N DIXIE H WILTON MANC The above named SIGNATURE Authorized Title	WY DRS, FL 33305 US d entity submits this statement for the purpose of changing its regis E: JEFFREY STERLING Electronic Signature of Registered Agent Person(s) Detail : MANAGING MEMBER	Title	MANAGING MEMBER	04/26/2017

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: ANTOINE KONISKI

MANAGING MEMBER

04/26/2017

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000118656

Entity Name: WOLF BARS, LLC

Current Principal Place of Business:

5870 NE 22ND AVE

FILED Apr 26, 2017 Secretary of State CC5310788744

Electronic Signature of Signing Authorized Person(s) Detail