

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000002275

**Entity Name:** CHILEAN LLC

**Current Principal Place of Business:**

103 FOULK ROAD, STE. 151  
WILMINGTON, DE 19803

**Current Mailing Address:**

C/O WIND RIVER HOLDINGS, LP  
555 CROTON ROAD, SUITE 200  
KING OF PRUSSIA, PA 19406

**FEI Number:** 30-0602347

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGR  
Name STROUSE, ROBERT  
Address WIND RIVER HOLDINGS LP, 555  
CROTON RD #200  
City-State-Zip: KING OF PRUSSIA PA 19406

Title MGR  
Name DWYER, TIMOTHY  
Address WIND RIVER HOLDINGS LP, 555  
CROTON RD #200  
City-State-Zip: KING OF PRUSSIA PA 19406

Title MGR  
Name SWIRSKY, BARRY  
Address WIND RIVER HOLDINGS LP, 555  
CROTON RD #200  
City-State-Zip: KING OF PRUSSIA PA 19406

*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:** BARRY S. SWIRSKY

**SECRETARY**

**03/09/2015**

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

\_\_\_\_\_ Date