LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
05-05-2002 90223 001 ***100.00

DOCUMENT # #L00000009673

1. Entity Name LONE WOLF CHARTER SYSTEMS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~One Shoreline Drive~~	200 S. Orange Avenue
~~Suite, Apt. #, etc.~~ 12815 Shell Beach Rd	Suite, Apt. #, etc. Suite 2300
City & State Thornville, OH	City & State Orlando, Fl
Zip 43076 Country	Zip 32801 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 17-42-0072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name A.G.C. Co.

Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange Avenue
SunTrust Center, Suite 2300

City Orlando **FL** Zip Code 32801

8. 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	Wolfe, Andrew B.	NAME	
STREET ADDRESS	~~One Shoreline Drive~~ 12815 Shell Beach Rd	STREET ADDRESS	
CITY-ST-ZIP	Thornville, OH 43076	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: [signature] Andrew B. Wolfe 3/27/02 740/467-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #