

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000015198

**Entity Name:** WOLFPACK GROUP, LLC.

**Current Principal Place of Business:**

421 WEST 3RD SREET  
SUTE 1504  
AUSTIN, TX 78701

**Current Mailing Address:**

421 WEST 3RD SREET  
SUTE 1504  
AUSTIN, TX 78701 US

**FEI Number:** 45-4442612

**Certificate of Status Desired:** Yes

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

COHEN, GARY J  
201 S. BISCAYNE BLVD., STE. 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, LOUIS III  
Address        421 WEST 3RD SREET  
                  SUTE 1504  
City-State-Zip: AUSTIN TX 78701

*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**

**03/27/2015**

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

\_\_\_\_\_  
Date