2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2015
Secretary of State
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Entity Name: WOLFCAMP LLC

Current Principal Place of Business:

217 RIVERSHORE LANE
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

217 RIVERSHORE LANE
SAINT AUGUSTINE, FL 32084 US

FEI Number: 46-2184141

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRYAN, LON B
217 RIVERSHORE LANE
SAINT AUGUSTINE, FL 32084 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	MGRM	Title	MGRM
Name	SANDERS, KATHERINE	Name	BRYAN, LON
Address	2401 DARTS COVE WAY	Address	217 RIVERSHORE LANE
City-State-Zip:	MOUNT PLEASANT SC 29466	City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	MGRM
Name	BRYAN, KAREN
Address	4247 STUDIO PARK AVENUE
City-State-Zip:	JACKSONVILLE FL 32216

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: LON BRYAN MANAGING MEMBER 01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date