

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000138012

**Entity Name:** THE TEST CAMP, LLC

**Current Principal Place of Business:**

1071 SOUTH PATRICK DRIVE  
#372483  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

1071 SOUTH PATRICK DRIVE  
#372483  
MELBOURNE, FL 32935 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WISE, WILLIAM S  
1965 PLAYER CIRCLE NORTH  
MELBOURNE, FL 32935 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 AMBR  
Name WISE, WILLIAM S  
Address 1965 PLAYER CIRCLE NORTH  
City-State-Zip: MELBOURNE FL 32935

*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:** WILLIAM S. WISE

AMBR

02/10/2016

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

\_\_\_\_\_ Date