

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000066234

Entity Name: WILDFLOWERS II, LLC

FILED  
Feb 04, 2010  
Secretary of State

**Current Principal Place of Business:**

4915 NEW PROVIDENCE AVENUE  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

4915 NEW PROVIDENCE AVENUE  
TAMPA, FL 33629

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

LASMAN, JEFFREY M ESQ.  
C/O LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET, STE. 205  
RIVERVIEW, FL 33578 US

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

STAUFFER, JOHN Q MD  
4915 NEW PROVIDENCE AVE  
TAMPA, FL 33629 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: JOHN Q. STAUFFER MD

02/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STAUFFER, JOHN Q M.D.  
Address: 4915 NEW PROVIDENCE AVENUE  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN Q. STAUFFER MD

MGRM

02/04/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date