2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000022004

Entity Name: RH WILDWOOD, LLC

Current Principal Place of Business:

5405 CYPRESS CENTER DRIVE, SUITE 320

TAMPA. FL 33609

Current Mailing Address:

5405 CYPRESS CENTER DRIVE, SUITE 320 TAMPA. FL 33609

FEI Number: 20-8596208 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLCOMB, VICTOR WESQ. 3203 W CYPRESS STREET TAMPA, FL 33607 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

City-State-Zip:

TAMPA FL 33609

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name SAFE, HOLDINGS LLC Name HARPER FAMILY, HOLDINGS LLC

Address 5405 CYPRESS CENTER DRIVE, Address 5405 CYPRESS CENTER DRIVE,

SUITE 32 SUITE 32ND

City-State-Zip: TAMPA FL 33609 City-State-Zip: TAMPA FL 33609

Title P Title VP

 ${\sf Name} \qquad \qquad {\sf RATH}, {\sf FRED}\,{\sf H} \qquad \qquad {\sf Name} \qquad \qquad {\sf HARPER}, {\sf WILLIAM}\,{\sf H}$

Address 5405 CYPRESS CENTER DRIVE, Address 5405 CYPRESS CENTER DRIVE,

SUITE 320 SUITE 320

Title VP

City-State-Zip:

Name MARTLING, ROBERT A

Address 5405 CYPRESS CENTER DRIVE,

TAMPA FL 33609

SUITE 320

City-State-Zip: TAMPA FL 33609

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: ROBERT A MARTLING

Electronic Signature of Signing Authorized Person(s) Detail

VΡ

03/14/2014

FILED Mar 14, 2014

Secretary of State

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