### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L07000049533

Entity Name: EPI-WILDFLOWER, LLC

## Current Principal Place of Business:

359 CAROLINA AVENUE SUITE #200 WINTER PARK, FL 32789

# **Current Mailing Address:**

359 CAROLINA AVENUE SUITE #200 WINTER PARK, FL 32789 US

## FEI Number: 26-0145333

### Name and Address of Current Registered Agent:

DOWNING, GRANT T 222 WEST COMSTOCK AVENUE SUITE 101 WINTER PARK, FL 32789 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

#### Authorized Person(s) Detail :

	Title	MGRM	Title	MGRM
	Name	PUGH, JAMES HJR	Name	SAND, MEREDITH
	Address	359 CAROLINA AVENUE, SUITE #200	Address	359 CAROLINA AVE, SUITE #200
	City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32789
	Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
	Name	SAND, JUSTIN	Name	DAVIS, MCCARLEY
	Name Address	SAND, JUSTIN 359 CAROLINA AVENUE SUITE #200	Name Address	DAVIS, MCCARLEY 359 CAROLINA AVENUE SUITE #200
		359 CAROLINA AVENUE		359 CAROLINA AVENUE

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: JUSTIN SAND

PRESIDENT

02/11/2019 Date

Date

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Feb 11, 2019 Secretary of State 0394896288CC

Certificate of Status Desired: No