

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000066234

**Entity Name:** WILDFLOWERS II, LLC

**Current Principal Place of Business:**

4915 NEW PROVIDENCE AVENUE  
TAMPA, FL 33629

**Current Mailing Address:**

4915 NEW PROVIDENCE AVENUE  
TAMPA, FL 33629

**FEI Number:** 27-0709692

**Certificate of Status Desired:** No

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

STAUFFER, JOHN QMD  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN Q STAUFFER MD

MGRM

06/10/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date