

2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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:

GOODWIN, JAMES W. ESQ.
201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 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: JAMES W. GOODWIN, ESQ.

02/09/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name STAUFFER, JOHN Q M.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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN Q. STAUFFER

MANAGER

02/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date