

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000092441

Entity Name: WILDFLOWER THERAPEUTICS, LLC

Current Principal Place of Business:

2771-29 MONUMENT RD #358
JACKSONVILLE, FL 32225

Current Mailing Address:

2771-29 MONUMENT RD #358
JACKSONVILLE, FL 32225 US

FEI Number: 47-1057582

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGE, ABHIJIT
2771-29 MONUMENT RD #358
JACKSONVILLE, FL 32225 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: ABHIJIT REGE

04/17/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MANAGER
Name	REGE, ABHIJIT	Name	GOYAL, MANISHA
Address	2771-29 MONUMENT RD #358	Address	2771-29 MONUMENT RD #358
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225

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: ABHIJIT REGE

MANAGER

04/17/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date