

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000092441

**Entity Name:** WILDFLOWER THERAPEUTICS, LLC

**Current Principal Place of Business:**

9838 OLD BAYMEADOWS RD #292  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9838 OLD BAYMEADOWS RD #292  
JACKSONVILLE, FL 32256 US

**FEI Number:** 47-1057582

**Certificate of Status Desired:** No

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

GOYAL, MANISHA  
9838 OLD BAYMEADOWS RD #292  
JACKSONVILLE, FL 32256 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	MGR	Title	MANAGER
Name	REGE, ABHIJIT	Name	GOYAL, MANISHA
Address	9838 OLD BAYMEADOWS RD #292	Address	9838 OLD BAYMEADOWS RD #292
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256

*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:** MANISHA GOYAL

**MANAGER**

**03/17/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date