**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 16, 2020**
**Secretary of State**
**9380713968CC**

DOCUMENT# L15000024450

**Entity Name:** WILDFLOWERS III, 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: 47-3108329**

**Certificate of Status Desired:** No

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

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: RANDOLPH WOLFE 03/16/2020

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MANAGER | Title | MANAGER |
| Name | STAUFFER, JOHN Q. | Name | STAUFFER, LESLIE K. |
| Address | 4915 NEW PROVIDENCE AVENUE | Address | 4915 NEW PROVIDENCE AVENUE |
| City-State-Zip: | TAMPA FL 33629 | 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 MGR 03/16/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date