

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

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:**

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:**

\_\_\_\_\_  
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

**MANAGER**

**02/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date