

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000019809

**Entity Name:** WILDPUZZLE, LLC

**Current Principal Place of Business:**

388 SOUTH ATLANTIC  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

388 SOUTH ATLANTIC  
ORMOND BEACH, FL 32176 US

**FEI Number:** 83-3332436

**Certificate of Status Desired:** No

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

PALMETTO CHARTER SERVICES, INC.  
149 S. RIDGEWOOD AVE., STE. 700  
DAYTONA BEACH, FL 32114 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  
Name WALKER, LEE  
Address 1428 NORTH HALIFAX AVE.  
City-State-Zip: DAYTONA BEACH FL 32118

Title MGR  
Name VARGAS, HEATHER B  
Address 1331 OSPREY NEST LANE  
City-State-Zip: PORT ORANGE FL 32128

Title MGR  
Name WALKER, LAURA  
Address 1428 NORTH HALIFAX AVE.  
City-State-Zip: DAYTONA BEACH FL 32118

Title MGR  
Name VARGAS, OMAR  
Address 1331 OSPREY NEST LANE  
City-State-Zip: PORT ORANGE FL 32128

*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:** HEATHER BOND VARGAS

**MANAGER**

01/12/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date