

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000295748

Entity Name: WILDFLOWER WELLNESS LLC

Current Principal Place of Business:

4623 NW 53RD AVE
SUITE D-2 STE 9
GAINESVILLE, FL 32653

Current Mailing Address:

16204 NW 78TH AVE
GAINEVILLE, FL 32615 US

FEI Number: 85-3428458

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TALCOTT, CAYMAN A
4623 NW 53RD AVE
SUITE D-2 STE 9
GAINESVILLE, FL 32653 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 TALCOTT, CAYMAN A
Address 16204 NW 78TH AVE
City-State-Zip: ALACHUA FL 32615

Title AMBR
Name WHITCOMB, HELEN
Address 16204 N.W. 78TH AVENUE
City-State-Zip: ALACHUA FL 32615

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: CAYMAN A TALCOTT

MGR

09/16/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date