

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000295748

**Entity Name:** WILDFLOWER WELLNESS LLC

**Current Principal Place of Business:**

4131 NW 28TH LANE  
SUITE 5  
GAINESVILLE, FL 32606

**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  
4131 NW 28TH LANE  
SUITE 5  
GAINESVILLE, FL 32606 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

04/24/2024

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

\_\_\_\_\_  
Date