**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 30, 2022**
**Secretary of State**
**6683278070CC**

DOCUMENT# L21000120089

**Entity Name:** WILD WOODS APOTHECARY LLC.

**Current Principal Place of Business:**

18925 ARIPEKA RD
405
ARIPEKA, FL 34679

**Current Mailing Address:**

PO BOX 405
ARIPEKA, FL 34679 IS

**FEI Number: 86-2866906**

**Certificate of Status Desired:** No

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

DELGADO, MONICA
18925 ARIPEKA RD
405
ARIPEKA, FL 34679 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 | Title | AUTHORIZED REPRESENTATIVE |
| Name | DELGADO, MONICA | Name | STEM SERVICES |
| Address | 18925 ARIPEKA RD #405 | Address | 650 CLEVELAND ST<br>574 |
| City-State-Zip: | ARIPEKA FL 34679 | City-State-Zip: | CLEARWATER FL 33755 |

*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: MONICA DELGADO MANAGER 04/30/2022

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