

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000299981

**Entity Name:** WILDFLOWER CIRCLE 9, LLC

**Current Principal Place of Business:**

3225 MCLEOD DRIVE  
SUITE 100  
LAS VEGAS, NV 89121

**Current Mailing Address:**

3225 MCLEOD DRIVE  
SUITE 100  
LAS VEGAS, NV 89121 US

**FEI Number:** 87-1536189

**Certificate of Status Desired:** No

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

ANDERSON REGISTERED AGENTS, INC.  
625 E.TWIGGS STREET  
SUITE 110  
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            AMBR  
Name            CINQUE TERRE, LLC  
Address        1718 CAPITOL AVE  
City-State-Zip: CHEYENNE WY 82001

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:** SYDNEY GRICE

**AUTHORIZED AGENT**

**04/25/2023**

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

\_\_\_\_\_  
Date