

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000217366

Entity Name: WILD FOREST APOTHECARY LLC

Current Principal Place of Business:

449 WEST SILVER STAR ROAD
SUITE 683
OCOE, FL 34761

Current Mailing Address:

449 WEST SILVER STAR ROAD
SUITE 683
OCOE, FL 34761 US

FEI Number: 88-2445505

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERITAGE MANAGEMENT SERVICES INC
200 E ROBINSON ST
1120
ORLANDO, FL 32801 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	AMBR
Name	MANSELLE, BRIANA A	Name	SACCO, BRYAN K
Address	449 W SILVER STAR RD SUITE 683	Address	449 W SILVER STAR RD
City-State-Zip:	OCOE FL 34761	City-State-Zip:	OCOE FL 34761

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: BRIANA A MANSELLE

MANAGING MEMBER

01/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date