**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 29, 2025**
**Secretary of State**
**5964885974CC**

DOCUMENT# L17000147249

**Entity Name:** WILD BLOSSOM SALON LLC

**Current Principal Place of Business:**

625 MAIN STREET
SUITE #107
WINDERMERE, FL 34786

**Current Mailing Address:**

625 MAIN STREET
SUITE #107
WINDERMERE, FL 34786 US

**FEI Number: 82-2260725**

**Certificate of Status Desired:** No

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

VANWAGNER, RYAN D
625 MAIN STREET
107
WINDERMERE , FL 34786 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 | MGR |
| Name | VANWAGNER, KATE O | Name | VANWAGNER, RYAN D |
| Address | 625 MAIN STREET, SUITE 107 | Address | 625 MAIN STREET, SUITE 107 |
| City-State-Zip: | WINDERMERE FL 34786 | City-State-Zip: | WINDERMERE FL 34786 |

*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: RYAN VANWAGNER MGR 04/29/2025

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