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: AMANDA THOMAS

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L18000117796

Entity Name: WINTER GARDEN FLOWERS LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

1723 AMSEL FALLS PARK TERRACE WINTER GARDEN. FL 34787

Current Mailing Address:

1723 AMSEL FALLS PARK TERRACE WINTER GARDEN, FL 34787 US

FEI Number: 83-0569723

Name and Address of Current Registered Agent:

THOMAS, AMANDA 1723 AMSEL FALLS PARK TERRACE WINTER GARDEN, FL 34787 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 Authorized Person(s) Detail :

Title	MBR	Title	MBR
Name	THOMAS, AMANDA	Name	THOMAS, PAULA
Address	1723 AMSEL FALLS PARK TERRACE	Address	1723 AMSEL FALLS PARK TERRACE
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	WINTER GARDEN FL 34787

Certificate of Status Desired: No

Date

FILED Apr 04, 2019 Secretary of State 0021630301CC

> 04/04/2019 Date

MANAGER