

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000043742

**Entity Name:** WILD WOMANS WOODS" LLC"

**Current Principal Place of Business:**

423 MAPLE POINTE DR.  
SEFFNER, FL 33584

**Current Mailing Address:**

423 MAPLE POINTE DR.  
SEFFNER, FL 33584 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PARADISE, WAYNE EDWIN JR  
105 S. HENRY  
MORAVIA, FL 52571 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:** WAYNE EDWIN PARADISE

09/17/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PARADISE, WAYNE EDWIN JR  
Address 423 MAPLE POINTE DR.  
City-State-Zip: SEFFNER FL 33584

Title MGR  
Name PARADISE, MARGARET ELLEN  
Address 423 MAPLE POINTE DR.  
City-State-Zip: SEFFNER FL 33584

*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:** WAYNE PARADISE

OWNER

09/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date