## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000086176

**Entity Name: WILDFLOWER SOLUTIONS LLC** 

**Current Principal Place of Business:** 

5504 NW SANDHILL TRAIL PORT SAINT LUCIE. FL 34986

**Current Mailing Address:** 

5504 NW SANDHILL TRAIL

PORT SAINT LUCIE. FL 34986 US

FEI Number: 88-0983356 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTRO, NICOLE 5504 NW SANDHILL TRAIL PORT SAINT LUCIE, FL 34986 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: NICOLE CASTRO 04/07/2025

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title AMBR

Name CASTRO, NICOLE

Address 5504 NW SANDHILL TRL

City-State-Zip: PORT SAINT LUCIE FL 34986

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: NICOLE CASTRO AMBR 04/07/2025

FILED Apr 07, 2025

**Secretary of State** 

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