No. <b>W 115937</b> Return to:		Due no later than Jul 31, 2017 Annual Report Form		2	Registered Agent and Address (NO PO BOX)     KIMBERLY MLINARIK			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  FLORESCENDA LLC  KIMBERLY J MLINARIK  PO BOX 1989  SANDPOINT ID 83864			811 CHURCH ST SANDPOINT ID 83864  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	es: Enter Nai	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER I	KIMBERLY J	MLINARIK	PO BOX 1989		SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: kim mlinarik			Date: 05/24/2017			
W 115937		Name (type or print): kim mlinarik			Title: Manager			
Processed 05/24/2017 * Electronically provided signatures are accepted as original signatures.								