

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000123542

Entity Name: ONE TRIBE WELLNESS DISTRIBUTION, LLC

Current Principal Place of Business:

2014 EDGEWATER DRIVE
#116
ORLANDO, FL 32804

Current Mailing Address:

2014 EDGEWATER DRIVE
#116
ORLANDO, FL 32804 US

FEI Number: 27-4123999

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POPPER, DAVID H
931 VERSAILLES CIRCLE
MAITLAND, FL 32751 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 MGMR
Name WAXMAN-LOYD, JENNIFER P
Address 105 MITNIK DRIVE
City-State-Zip: DELTONA FL 32738

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER WAXMAN-LOYD

MANAGING MEMBER

04/10/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date