

**2017 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:**

LOVELACE, BARBARA Y  
1703 N. INDIAN RIVER RD.  
NEW SMYRNA BEACH, FL 32169 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:** BARBARA LOVELACE

01/19/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CO-FOUNDER & MANAGING MEMBER  
Name JENNIFER, WAXMAN-LOYD PAIGE  
Address 2014 EDGEWATER DRIVE  
#116  
City-State-Zip: ORLANDO FL 32804

Title CO-FOUNDER, MANAGING MEMBER  
Name JAIME, GIROUX LYNN  
Address 2014 EDGEWATER DRIVE  
#116  
City-State-Zip: ORLANDO FL 32804

Title MANAGING MEMBER  
Name ADAM, WRIGHT D  
Address 2014 EDGEWATER DRIVE  
#116  
City-State-Zip: ORLANDO FL 32804

*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:** JENNIFER WAXMAN-LOYD

CO-FOUNDER,  
MANAGING MEMBER

01/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date