

**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