

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000019831

**Entity Name:** MEDICAL MARIJUANA DISPENSARIES OF FLORIDA, LLC

**Current Principal Place of Business:**

3312 74TH ST N  
ST.PETERSBURG, FL 33710

**Current Mailing Address:**

3312 74TH ST N  
ST.PETERSBURG, FL 33710

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TRONE, JAMES  
3312 74TH ST N  
ST.PETERSBURG, FL 33710 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:** JAMES TRONE

11/10/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name TRONE, JAMES  
Address 3312 74TH ST N  
City-State-Zip: ST.PETERSBURG FL 33710

*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:** JAMES TRONE

11/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date