

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000061948

Entity Name: MEDICAL MARIJUANA CENTERS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

3801 NORTH UNIVERSITY DRIVE
SUITE 318
SUNRISE, FL 33351

Current Mailing Address:

3801 NORTH UNIVERSITY DRIVE
SUITE 318
SUNRISE, FL 33351

FEI Number: 46-5406015

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAMMER, DAVID S
2111 NW 116 TERRACE
CORAL SPRINGS, FL 33071 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 MGR
Name CRAMMER, DAVID S
Address 2111 NW 116 TERRACE
City-State-Zip: CORAL SPRINGS FL 33071

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: DAVID S CRAMMER

PRESIDENT

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date