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 ARONBERG

Electronic Signature of Signing Authorized Person(s) Detail

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000069590

Entity Name: CANNABIS CONSULTANTS OF FLORIDA, LLC

## **Current Principal Place of Business:**

2160 WEST ATLANTIC AVENUE SECOND FLOOR DELRAY BEACH, FL 33445

## **Current Mailing Address:**

2160 WEST ATLANTIC AVENUE SECOND FLOOR DELRAY BEACH, FL 33445

## FEI Number: NOT APPLICABLE

## Name and Address of Current Registered Agent:

ARONBERG, DAVID T 2160 WEST ATLANTIC AVENUE SECOND FLOOR DELRAY BEACH, FL 33445 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

### Authorized Person(s) Detail :

City-State-Zip: DELRAY BEACH FL 33445

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	ARONBERG, DAVID T	Name	LEIFERT, DOUGLAS I
Address	2160 WEST ATLANTIC AVENUE	Address	2160 WEST ATLANTIC AVENUE
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445
Title	MGR		
Name	GERSHMAN, ROBERT		
Address	2160 WEST ATLANTIC AVENUE		

# CC9188822730

Date

FILED Apr 18, 2017

Secretary of State

Certificate of Status Desired: No

MANAGER

04/18/2017

Date