

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000073759

Entity Name: MEDICAL MARIJUANA CLINICS OF FLORIDA, PLLC

Current Principal Place of Business:

500 W CROSSTOWN PARKWAY
KALAMAZOO, MI 49008

Current Mailing Address:

PO BOX 2287
KALAMAZOO, MI 49003

FEI Number: 47-1033534

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROCKER, DAVID
5660 63RD LANE N
ST PETERSBURG, FL 33709 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 AR
Name DAVID, CROCKER
Address 500 W CROSSTOWN PARKWAY
City-State-Zip: KALAMAZOO MI 49008

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 CROCKER

AR

07/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date