

**2017 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:**

204 37TH AVENUE SUITE 458  
ST. PETERSBURG, FL 33704 US

**FEI Number:** 47-1033534

**Certificate of Status Desired:** No

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

CROCKER, DAVID  
11252 RIDGE ROAD  
LARGO, FL 33778 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

**MEMBER**

**01/30/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date