

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000076305

**Entity Name:** MEDICAL MARIJUANA INSTITUE, LLC

**Current Principal Place of Business:**

400 ALTON ROAD  
909  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

147 CARONDELET ST  
1137  
NEW ORLEANS, LA 70130

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BRUNO, J L  
400 ALTON  
909  
MIAMI BEACH, FL 33139 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 BRUNO, JOSHUA  
Address 147 CARONDELET ST STE 1137  
City-State-Zip: NEW ORLEANS LA 70130

*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:** JOSHUA BRUNO

**MEMBER**

**01/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date