

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