

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000133180

**Entity Name:** MEDICAL POT DOCS OF SOUTH FLORIDA LLC

**Current Principal Place of Business:**

335 EAST LINTON BLVD  
STE 2236  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

335 EAST LINTON BLVD  
STE 2236  
DELRAY BEACH, FL 33483 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MALON, DEVINE S DR.  
335 EAST LINTON BLVD  
STE 2236  
DELRAY BEACH, FL 33483 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:** MALON DEVINE

09/06/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           DEVINE, MALON S DR.  
Address        335 EAST LINTON BLVD  
                  STE 2236  
City-State-Zip: DELRAY BEACH FL 33483

*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:** MALON DEVINE

CEO

09/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date