

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000137125

**Entity Name:** ORGANIC LIFE MEDICAL, LLC

**Current Principal Place of Business:**

5150 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707

**Current Mailing Address:**

5150 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707 US

**FEI Number:** 47-1858552

**Certificate of Status Desired:** No

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

THE REISSMAN LAW GROUP, P.A.  
5150 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707 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 CHERYL LYNN, LLC  
Address 5150 CENTRAL AVENUE  
City-State-Zip: ST. PETERSBURG FL 33707

Title MGR  
Name SUMMER RAE, LLC  
Address 5150 CENTRAL AVE.  
City-State-Zip: ST. PETERSBURG FL 33707

*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:** CHERYL LYNN,LLC

MGR

05/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date