

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000146932

**Entity Name:** TREASURE COAST CANNABIS, LLC

**Current Principal Place of Business:**

4927 SE DUVAL DR  
STUART, FL 34997

**Current Mailing Address:**

P O BOX 3268  
STUART, FL 34995 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

BENARD, DAVID  
4927 SE DUVAL DR  
STUART, FL 34997 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            AMBR  
Name            BENARD, DAVID  
Address        4927 SE DUVAL DR  
City-State-Zip: STUART FL 34997

Title            AMBR  
Name            BAILEY, LLOYD  
Address        2381 BOUNTY AVE  
City-State-Zip: PORT ST LUCIE FL 34952

*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 BENARD**

**AMBR**

**04/30/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date