

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000013953

Entity Name: CANNABIS LIFE FRANCHISING LLC

Current Principal Place of Business:

5150 SW 48 WAY #610
DAVIE, FL 33314

Current Mailing Address:

5150 SW 48 WAY #610
DAVIE, FL 33314 US

FEI Number: 81-1154194

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FUENTES, LAURA
5150 SW 48 WAY #610
DAVIE, FL 33314 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 CEO
Name FUENTES, LAURA
Address 5150 SW 48 WAY #610
City-State-Zip: DAVIE FL 33314

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: LAURA FUENTES

MGR

04/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date