

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000017097

Entity Name: MEDICAL MARIJUANA CONSULTANTS OF FLORIDA LLC

Current Principal Place of Business:

16079 MARSH QUAIL RD
WEEKI WACHEE, FL 34614

Current Mailing Address:

16079 MARSH QUAIL RD
WEEKI WACHEE, FL 34614

FEI Number: 81-5087939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLIVER, LAURIE M
16079 MARSH QUAIL RD
WEEKI WACHEE, FL 34614 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	Title	MGR
Name	OLIVER, LAURIE M	Name	SANCHEZ, MATTHEW S
Address	16079 MARSH QUAIL RD	Address	3201 TARABROOK DR
City-State-Zip:	WEEKI WACHEE FL 34614	City-State-Zip:	TAMPA FL 33618

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: LAURIE OLIVER

CEO

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date