

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000213852

**Entity Name:** SAR MEDICAL CANNABIS INSTITUTE, LLC

**Current Principal Place of Business:**

2706 SE SANTA BARBARA PLACE  
CAPE CORAL, FL 33904

**Current Mailing Address:**

PO BOX 380877  
MURDOCK, FL 33938 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ROSS, STEPHEN M MD  
2706 SE SANTA BARBARA PLACE  
CAPE CORAL, FL 33904 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:** STEPHEN M ROSS

04/01/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ROSS, STEPHEN M MD  
Address PO BOX 380877  
City-State-Zip: MURDOCK FL 33938

*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:** STEPHEN M ROSS

OWNER

04/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date