

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000245395

**Entity Name:** THE CANNABIS CLINICS OF FLORIDA LLC

**Current Principal Place of Business:**

8159 LAKE SERENE DR  
ORLANDO, FL 32836

**Current Mailing Address:**

8159 LAKE SERENE DR  
ORLANDO, FL 32836

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

TORRES, JOSEPH L  
8159 LAKE SERENE DR  
ORLANDO, FL 32836 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 TORRES, JOSEPH  
Address 8159 LAKE SERENE DR  
City-State-Zip: ORLANDO FL 32836

*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:** JOSEPH TORRES

MGR

02/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date