

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000059865

**Entity Name:** MEDICAL MARIJUANA ASSOCIATION OF USA LLC

**Current Principal Place of Business:**

1002 E NEWPORT CENTER DRIVE  
200  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

1002 E NEWPORT CENTER DRIVE  
200  
DEERFIELD BEACH, FL 33442 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

COHEN, SETH  
1002 E NEWPORT CENTER DRIVE  
200  
DEERFIELD BEACH, FL 33442 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 COHEN, ARNOLD  
Address 1002 E NEWPORT CENTER DRIVE,  
SUITE 200  
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGR  
Name COHEN, BRAD  
Address 1002 E NEWPORT CENTER DRIVE,  
SUITE 200  
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGR  
Name COHEN, SETH  
Address 1002 E NEWPORT CENTER DRIVE,  
SUITE 200  
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGR  
Name SILVESTRE, LUIS  
Address 1002 E NEWPORT CENTER DRIVE,  
SUITE 200  
City-State-Zip: DEERFIELD BEACH FL 33442

*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: SETH COHEN**

**MGR**

**03/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date