

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000381955

**Entity Name:** CANNA MEDICAL CARD L.L.C.

**Current Principal Place of Business:**

2400 MAITLAND CENTER PARKWAY  
SUITE 310  
MAITLAND, FL 32751

**Current Mailing Address:**

2400 MAITLAND CENTER PARKWAY  
SUITE 310  
MAITLAND, FL 32751 US

**FEI Number:** 85-4162491

**Certificate of Status Desired:** No

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

HOUSE CALL M.D.'S LLC  
2400 MAITLAND CENTER PARKWAY  
SUITE 310  
MAITLAND, FL 32751 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:** KACIAN BROWN

01/24/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BROWN, KACIAN  
Address 2400 MAITLAND CENTER PARKWAY  
SUITE 310  
City-State-Zip: MAITLAND FL 32751

*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:** KACIAN BROWN

MGR

01/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date