

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000393015

Entity Name: CANNABIS COMFORT CLINIC LLC

Current Principal Place of Business:

1982 STATE ROUTE 44
#217
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

4433 DORIS DR
NEW SMYRNA BEACH, FL 32169 US

FEI Number: 86-2582809

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEPMA, JOHN W
4433 DORIS DR
NEW SMYRNA BEACH, FL 32169 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	MANAGER
Name	JEPMA, DEBORAH R	Name	JEPMA, JOHN W
Address	4433 DORIS DR	Address	4433 DORIS DR
City-State-Zip:	NEW SMYRNA BEACH FL 32169	City-State-Zip:	NEW SMYRNA BEACH FL 32169

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: JOHN WILLIAM JEPMA

03/12/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date