

**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