#### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: DAVID PODROG

Electronic Signature of Signing Authorized Person(s) Detail

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

MANAGER

# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000003591

Entity Name: GOLD LEAF FLORIDA, LLC

#### **Current Principal Place of Business:**

6619 S. DIXIE HWY SUITE 193 MIAMI, FL 33143

### **Current Mailing Address:**

6619 S. DIXIE HWY SUITE 193 MIAMI, FL 33143 US

# FEI Number: 45-4121613

### Name and Address of Current Registered Agent:

SODHI SPOONT PLLC 3050 BISCAYNE BLVD. SUITE 904 MIAMI, FL 33137 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	: JOSHUA L. SPOONT			04/17/2022
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	DIRECTOR OF CULTIVATION	
Name	PODROG, DAVID	Name	MOORE, TROY	
Address	6619 S. DIXIE HWY SUITE 193	Address	6619 S. DIXIE HWY SUITE 193	
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	MIAMI FL 33143	

Certificate of Status Desired: Yes

04/17/2022

Date

# FILED Apr 17, 2022 Secretary of State 1286704626CC