

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000075318

**Entity Name:** HYBRID REMEDIES, LLC

**Current Principal Place of Business:**

9310 OLD KINGS ROAD SOUTH  
1603  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

9310 OLD KINGS ROAD SOUTH  
1603  
JACKSONVILLE, FL 32257 US

**FEI Number:** 45-5469303

**Certificate of Status Desired:** No

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

DUBOIS, JASON YVES  
9310 OLD KINGS ROAD SOUTH  
1603  
JACKSONVILLE, FL 32257 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:** JASON YVES DUBOIS

04/18/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name A WHISENANT HOLDINGS, LLC  
Address 4414 SHILOH LANE  
City-State-Zip: JACKSONVILLE FL 32210

Title COO  
Name DUBOIS, JASON Y DR.  
Address 9310 OLD KINGS ROAD SOUTH  
1603  
City-State-Zip: JACKSONVILLE FL 32257

Title SECRETARY AND TREASURE  
Name DUBOIS, ANGELA M  
Address 9310 OLD KINGS ROAD SOUTH  
1603  
City-State-Zip: JACKSONVILLE FL 32257

Title MEMBER  
Name THOMAS, CHAD  
Address 9310 OLD KINGS ROAD SOUTH  
1603  
City-State-Zip: JACKSONVILLE FL 32257

*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:** ANGELA DUBOIS

**SECRETARY**

04/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date