

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000075318

**Entity Name:** HYBRID REMEDIES, LLC

**Current Principal Place of Business:**

4414 SHILOH LANE  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

PO BOX 23008  
JACKSONVILLE, FL 32241 US

**FEI Number:** 45-5469303

**Certificate of Status Desired:** No

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

GRIGALTCHIK, DAVID P  
6144 GAZEBO PARK PLACE SOUTH  
SUITE 215  
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:** \_\_\_\_\_

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

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JASON DUBOIS

COO

03/11/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date