

**2015 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:**

WHISENANT, ARNOLD JR.  
4414 SHILOH LN  
JACKSONVILLE, FL 32210 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:** ARNOLD WHISENANT JR

03/28/2015

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 8983 CRAVEN RD  
City-State-Zip: JACKSONVILLE FL 322505050

Title SECRETARY AND TREASURE  
Name DUBOIS, ANGELA M  
Address 8953 CRAVEN RD  
City-State-Zip: JACKSONVILLE FL 322572020

*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:** ARNOLD WHISENANT

CEO

03/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date