

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000014065

**Entity Name:** FLORIDA NATURAL MEDICINE LLC

**Current Principal Place of Business:**

1360 S. DIXIE HWY # 350  
SUITE 350  
CORAL GABLES, FL 33146

**Current Mailing Address:**

11767 SOUTH DIXIE HWY  
SUITE 408  
PINECREST, FL 33156 US

**FEI Number:** 46-5099935

**Certificate of Status Desired:** No

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

CHILD, MARYANN  
11767 SOUTH DIXIE HWY  
SUITE 408  
PINECREST, FL 33156 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:** MARYANN CHILD

02/07/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CHILD, MARYANN  
Address 11767 SOUTH DIXIE HWY  
SUITE 408  
City-State-Zip: PINECREST FL 33156

*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:** MARYANN CAMARGO CHILD

MNGR

02/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date