

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000014065

**Entity Name:** FLORIDA NATURAL MEDICINE LLC

**Current Principal Place of Business:**

2423 SW 147TH AVE  
SUITE 102  
MIAMI, FL 33185

**Current Mailing Address:**

2423 SW 147TH AVE  
SUITE 102  
MIAMI, FL 33185 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CHILD, MARYANN  
2423 SW 147TH AVE  
SUITE 102  
MIAMI, FL 33185 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 CHILD, MARYANN  
Address 2423 SW 147TH AVE  
SUITE 102  
City-State-Zip: MIAMI FL 33185

*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 CHILD

**PRESIDENT**

**01/14/2014**

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

\_\_\_\_\_  
Date