

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000014065

Entity Name: FLORIDA NATURAL MEDICINE LLC

Current Principal Place of Business:

9055 SW 87 AVE
SUITE 307
MIAMI, FL 33176

Current Mailing Address:

9055 SW 87 AVE
SUITE 307
MIAMI, FL 33176 US

FEI Number: 46-5099935

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHILD, MARYANN
9055 SW 87 AVE
SUITE 307
MIAMI, FL 33176 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 9055 SW 87 AVE
SUITE 307
City-State-Zip: MIAMI FL 33176

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

MGRM

03/17/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date