

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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:** MARYANN CHILD

10/24/2017

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

MGR

10/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date