## 2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000014065

Entity Name: FLORIDA NATURAL MEDICINE LLC

ILY Name. FLORIDA NATURAL MEDICINE LL

**Current Principal Place of Business:** 

9240 SW 72ND ST SUITE 202 MIAMI, FL 33173

## **Current Mailing Address:**

9240 SW 72ND ST SUITE 202 MIAMI, FL 33173 US

FEI Number: 46-5099935 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

CHILD, MARYANN 9240 SW 72ND ST SUITE 202 MIAMI, FL 33173 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 10/21/2019

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGRM

Name CHILD, MARYANN Address 9240 SW 72ND ST

SUITE 202

City-State-Zip: MIAMI FL 33173

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 MANAGER 10/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Oct 21, 2019

**Secretary of State** 

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