

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000049228

**Entity Name:** MEDICALMARIJUANADAYTONABEACH LLC

**Current Principal Place of Business:**

3713 PAIGE ST.  
PORT ORANGE, FL 32129

**Current Mailing Address:**

3713 PAIGE ST.  
PORT ORANGE, FL 32129

**FEI Number:** 47-3183987

**Certificate of Status Desired:** No

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

SINGLETON, DAVID E  
3713 PAIGE ST.  
PORT ORANGE, FL 32129 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 MGR  
Name SINGLETON, DAVID E  
Address 3713 PAIGE ST.  
City-State-Zip: PORT ORANGE FL 32127

Title AMGR  
Name ROY, JOHN R  
Address 6237 KLONDIKE DRIVE  
City-State-Zip: PORT ORANGE FL 32129

*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:** DAVID E. SINGLETON

MGR

02/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date