

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000179944

Entity Name: MEDICAL MARIJUANA TREATMENT CENTERS OF FLORIDA, LLC**FILED**
Mar 25, 2020
Secretary of State
3235119545CC**Current Principal Place of Business:**1639 VILLAGE SQUARE BLVD
SUITE 2
TALLAHASSEE, FL 32309**Current Mailing Address:**1639 VILLAGE SQUARE BLVD
SUITE 2
TALLAHASSEE, FL 32309 US**FEI Number: 81-3982147****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCCORD, GUYTE III
503 VINNEDGE RIDE
TALLAHASSEE, FL 32303 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	MBR
Name	DORN, JOSEPH & KENSY
Address	1639 VILLAGE SQUARE BLVD SUITE 2
City-State-Zip:	TALLAHASSEE FL 32309

Title	MBR
Name	MCCORD, GUYTE & BEVERLY
Address	1639 VILLAGE SQUARE BLVD SUITE 2
City-State-Zip:	TALLAHASSEE FL 32309

Title	MBR
Name	VICKERS, TRACY T
Address	1639 VILLAGE SQUARE BLVD SUITE 2
City-State-Zip:	TALLAHASSEE FL 32309

Title	MBR
Name	DAVIS, WILBURN & GAIL
Address	1639 VILLAGE SQUARE BLVD SUITE 2
City-State-Zip:	TALLAHASSEE FL 32309

Title	MBR
Name	DAVIS, WILBURN T III
Address	1639 VILLAGE SQUARE BLVD SUITE 2
City-State-Zip:	TALLAHASSEE FL 32309

Title	MBR
Name	VANCE, JOHN CAMERON
Address	1639 VILLAGE SQUARE BLVD SUITE 2
City-State-Zip:	TALLAHASSEE FL 32309

Title	MBR
Name	CBD MEDICAL CONSULTANTS LLC
Address	1639 VILLAGE SQUARE BLVD SUITE 2
City-State-Zip:	TALLAHASSEE FL 32309

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: VICKERS , TRACY T**MBR****03/25/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date