

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000039796

**Entity Name:** CANNABIS NATIONAL ASSURANCE, LLC

**Current Principal Place of Business:**

2821 28TH COURT  
JUPITER, FL 33477

**Current Mailing Address:**

2821 28TH COURT  
JUPITER, FL 33477

**FEI Number: 81-5462479**

**Certificate of Status Desired:** No

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

RUSSELL, PAULA  
2821 28TH COURT  
JUPITER, FL 33477 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	PRES	Title	AMBR
Name	RUSSELL, PAULA	Name	RUSSELL, JONATHAN
Address	2821 28TH COURT	Address	2821 28TH COURT
City-State-Zip:	JUPITER FL 33477	City-State-Zip:	JUPITER FL 33477

*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: PAULA RUSSELL**

**PRESIDENT**

**06/28/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date