

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000141082

Entity Name: THE RELEAF CLINICS LLC

Current Principal Place of Business:

9951 ATLANTIC BLVD
SUITE 420
JACKSONVILLE, FL 32225

Current Mailing Address:

9951 ATLANTIC BLVD
SUITE 420
JACKSONVILLE, FL 32225 US

FEI Number: 84-1987555

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JESSICA, PEEPLES L
9951 ATLANTIC BLVD
SUITE 420
JACKSONVILLE, FL 32225 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: JESSICA PEEPLES

09/16/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PEEPLES, RENARD JR.
Address 9951 ATLANTIC BLVD
SUITE 420
City-State-Zip: JACKSONVILLE FL 32225

Title MGR
Name PEEPLES, JESSICA L
Address 9951 ATLANTIC BLVD
SUITE 420
City-State-Zip: JACKSONVILLE FL 32225

Title MGR
Name BOYD, ALONZO A
Address 9951 ATLANTIC BLVD
SUITE 420
City-State-Zip: JACKSONVILLE FL 32225

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: JESSICA PEEPLES

MGR

09/16/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date