

**2020 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, ROBERTS L  
5307 RIDGECREST AVE  
JACKSONVILLE, FL 32207 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 PEEPLES, RENARD JR.  
Address 5307 RIDGECREST AVE  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name ROBERTS, JESSICA L  
Address 5307 RIDGECREST AVE  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name BOYD, ALONZO A  
Address 5120 GLEN ALAN CT N  
City-State-Zip: JACKSONVILLE FL 32210

*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 ROBERTS

**MGR**

**09/18/2020**

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

\_\_\_\_\_  
Date