

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000243047

**Entity Name:** THE HEMP DISPENSARY LLC

**Current Principal Place of Business:**

6175 DELTONA BLVD  
SUITE 104  
SPRING HILL, FL 34606

**Current Mailing Address:**

6175 DELTONA BLVD  
SUITE 104  
SPRING HILL, FL 34606 US

**FEI Number:** 84-4034425

**Certificate of Status Desired:** Yes

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

HEALING EMOTIONALLY MENTALLY PHYSICALLY  
6175 DELTONA BLVD  
SUITE 104  
SPRING HILL, FL 34606 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 HEALING EMOTIONALLY MENTALLY  
PHYSICALLY  
Address 6175 DELTONA BLVD  
SUITE 104  
City-State-Zip: SPRING HILL FL 34606

*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:** JAMES BOWLES

**OWNER**

**01/23/2022**

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

\_\_\_\_\_  
Date