2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2023
Secretary of State
1491067974CC

DOCUMENT# L22000288281

Entity Name: TRUE LEAF MEDICAL LLC

Current Principal Place of Business:

20200 W DIXIE HWY
805B
MIAMI, FL 33180

Current Mailing Address:

400 LESLIE DR
1014
HALLANDALE BEACH, FL 33009

FEI Number: 88-3473869

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCBRIDE, STORMY G
400 LESLIE DR
1014
MIAMI, FL 33180 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	AMBR	Title	AMBR
Name	KRINETSKY, GABRIEL	Name	MCBRIDE, STORMY G
Address	20200 W DIXIE HWY, #805B	Address	400 LESLIE DR, 1014
City-State-Zip:	MIAMI FL 33180	City-State-Zip:	HALLANDALE BEACH FL 33180

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: STORMY MCBRIDE OWNER 03/07/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date