

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

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  
Name KRINETSKY, GABRIEL  
Address 20200 W DIXIE HWY, #805B  
City-State-Zip: MIAMI FL 33180

Title AMBR  
Name MCBRIDE, STORMY G  
Address 400 LESLIE DR, 1014  
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**

**04/13/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date