

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

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**Sent via Electronic Delivery**

May 25, 2023

Sawgrass Farms, LLC  
c/o Daniel Word  
7630 SW 61<sup>st</sup> Ave.  
South Miami, Florida 33143  
[dword@6stechnologies.com](mailto:dword@6stechnologies.com)

Re: Application for MMTC Licensure – Errors and Omissions Letter

Dear Sawgrass Farms, LLC,

On April 28, 2023, the Florida Department of Health received your application for MMTC licensure (the “Application”). The Department has identified the following apparent errors or omissions in your Application.

**1. Subsection 4.3.3, Level 2 Background Screening**

Subsection 4.3.3 of the Medical Marijuana Treatment Center License Application Instructions, Requirements and Forms (“Application Instructions”) requires that the applicant submit a completed Form 2 (Waiver Agreement and Statement) for each owner or manager, as those terms are defined by Department rules. [REDACTED] 435.09 is listed as an owner or manager in Subsection 4.3.3 of your Application. However, your Application does not contain a completed Form 2 for [REDACTED] 435.09.

Please provide a completed Form 2 for [REDACTED] 435.09.

Additionally, the Application Instructions require an applicant’s owners and managers to submit a full set of fingerprints to a Livescan Service Provider for purposes of level 2 background screening. The Department has not yet received an FDLE background report for [REDACTED] 435.09, who is identified as an owner or manager in Subsection 4.3.3 of your Application.

Please ensure that [REDACTED] 435.09 has successfully submitted a full set of fingerprints to a Livescan Service Provider for purposes of level 2 background screening. Once that is accomplished, the Department will be provided the background report by FDLE.

Lastly, it appears that your list of owners and managers in Subsection 4.3.3 of the Application may be incomplete. Subsection 4.13.3 of your Application identifies the following individuals who appears to meet the definition of “owner” in Emergency Rule 64ER20-31:

- [REDACTED] 435.09
- [REDACTED]

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If these individuals meet the definition of “owner,” they must submit a completed Form 2 to the Department and full set of fingerprints to a Livescan Service Provider for purposes of level 2 background screening; they must also be added to an updated list of owners and managers in Subsection 4.3.3 of your Application and provided to the Department.

## **2. Subsection 4.9.5, Medical Director Acknowledgment and Certificate of Course Completion**

Subsection 4.9.5 of the Application Instructions requires submission of a completed Form 4 (Medical Director Acknowledgment) executed by the applicant’s medical director.

You provided Form 4 from Emergency Rule 64ER21-16, which is not applicable to this batching cycle.

Please provide a completed Form 4, as incorporated in the Application Instructions for Rule 64ER22-9.

## **3. Subsection 4.12.1, Certified Financial Statements**

Section 381.986(8)(b)7., Florida Statutes, requires that an applicant for MMTC licensure demonstrate “the financial ability to maintain operations for the duration of the 2-year approval cycle, including the provision of certified financial statements to the Department.” Subsection 4.12.1 of the Application Instructions requires the certified financial statements to be prepared in accordance with U.S. Generally Accepted Accounting Principles (“GAAP”) and audited in accordance with U.S. Generally Accepted Auditing Standards (“GAAS”) by a Certified Public Accountant (“CPA”), licensed pursuant to Chapter 473, Florida Statutes, or licensed by another state.

Your Application does not contain certified financial statements as required by section 381.986(8)(b)7., Florida Statutes, and Subsection 4.12.1 of the Application Instructions.

Please provide certified financial statements for Sawgrass Farms, LLC, as required by Subsection 4.12.1 of the Application Instructions.

## **5. Section 4.15, Citrus Preference Documentation**

Section 4.15 of the Application Instructions requires applicants seeking to qualify for the citrus preference, as described in section 381.986(8)(a)3., Florida Statutes, to provide certain documents and information. Additionally, the Application Instructions require applicants to advise the Department if they are not seeking to qualify for the citrus preference.

Your Application does not contain a Section 4.15 and does not otherwise state whether the applicant is seeking to qualify for the citrus preference.

If you are seeking to qualify for the citrus preference, please provide the documentation and information requested in Section 4.15.

If you are not seeking to qualify for the citrus preference, please advise the Department accordingly.

## **Deadline to Respond**

The Department must receive the above-requested documentation and information within twenty-one (21) calendar days of the date on which the Department emails this letter to you. See Section 5.1 of the Application Instructions for the submission address and requirements. Failure to supply the requested documentation and information identified above may result in denial of your Application.

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If any materials submitted to the Department in response to this letter contain confidential information, you must comply with the requirements of Section 2.4 of the Application Instructions when submitting such information.

Sincerely,

*Christopher Kimball*

Christopher Kimball  
Director  
Office of Medical Marijuana Use