

2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A21000000144

Entity Name: CMB WELLNESS VENTURES LP

Current Principal Place of Business:

4854 BEXLEY VILLAGE DR
LAND O LAKES, FL 34638

Current Mailing Address:

4854 BEXLEY VILLAGE DR
LAND O LAKES, FL 34638 US

FEI Number: 85-4361336

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKER, CHERITH
4854 BEXLEY VILLAGE DR
LAND O LAKES, FL 34638 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

General Partner Detail :

Document # P21000023971
Name ROADRUNNER AGAVE MANAGEMENT
INC
Address 4854 BEXLEY VILLAGE DR
City-State-Zip: LAND O LAKES FL 34638

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROL M DEVINNEY

PREPARER

01/23/2023

_____ Electronic Signature of Signing General Partner Detail

_____ Date