

**2024 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 DEVINNEY

**PREPARER**

**03/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date