

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000004032

Entity Name: CF GROCERY DISTRIBUTION PROPCO LLC

Current Principal Place of Business:

C/O FORTRESS CREDIT ADVISORS LLC
1345 AVE. OF THE AMERICAS46TH FLOOR
NEW YORK, NY 10105

Current Mailing Address:

C/O FORTRESS CREDIT ADVISORS LLC
1345 AVE. OF THE AMERICAS46TH FLOOR
NEW YORK, NY 10105 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 SOLE MEMBER
Name CF GROCERY DISTRIBUTION LLC
Address C/O FORTRESS CREDIT ADVISORS
 LLC
 1345 AVE. OF THE AMERICAS46TH
 FLOOR
City-State-Zip: NEW YORK NY 10105

Title MANAGER
Name CF GROCERY DISTRIBUTION LLC
Address C/O FORTRESS CREDIT ADVISORS
 LLC
 1345 AVE. OF THE AMERICAS46TH
 FLOOR
City-State-Zip: NEW YORK NY 10105

Title MEMBER
Name DAVID N. . BROOKS
Address C/O FORTRESS CREDIT ADVISORS
 LLC
 1345 AVE. OF THE AMERICAS46TH
 FLOOR
City-State-Zip: NEW YORK NY 10105

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: DAVID N . BROOKS

MEMBER

02/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date