

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000004032

**FILED**  
**Apr 22, 2021**  
**Secretary of State**  
**0356538103CC**

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

**MANAGER**

**04/22/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date