

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089786

Entity Name: CURALEAF FLORIDA, LLC**Current Principal Place of Business:**10720 SW CARIBBEAN BLVD,
STE 500
CUTLER BAY, FL 33189**Current Mailing Address:**10720 SW CARIBBEAN BLVD,
STE 500
CUTLER BAY, FL 33189 US**FEI Number:** 47-3712491**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1200 HAYS STREET
TALLAHASSEE, FL 32301 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:** ARIANNA CABRERA DE ONA

04/11/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	LUSARDI, JOSEPH
Address	10720 SW CARIBBEAN BLVD, STE 500
City-State-Zip:	CUTLER BAY FL 33189

Title	MGR
Name	PALLIATECH FLORIDA LLC
Address	10720 SW CARIBBEAN BLVD, STE 500
City-State-Zip:	CUTLER BAY FL 33189

Title	MGR
Name	FAUCHER, JONATHAN
Address	10720 SW CARIBBEAN BLVD, STE 500
City-State-Zip:	CUTLER BAY FL 33189

Title	MANAGER
Name	WILCOX , STUART
Address	10720 SW CARIBBEAN BLVD, STE 500
City-State-Zip:	CUTLER BAY FL 33189

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: /S/ JOSEPH F. LUSARDI

MANAGER

04/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date