**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 20, 2020**
**Secretary of State**
**4964495069CC**

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: NO CHANGE 04/20/2020

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MGR | Title | MGR |
| Name | LUSARDI, JOSEPH F. | Name | PALLIATECH FLORIDA LLC |
| Address | 301 EDGEWATE PLACE<br>SUITE 405 | Address | 901 PONCE DE LEON BLVD<br>SUITE 403 |
| City-State-Zip: | WAKEFIELD MA 01880 | City-State-Zip: | CORAL GABLES FL 33134 |
| Title | MGR | Title | MANAGER |
| Name | FAUCHER, JONATHAN | Name | WILCOX , STUART |
| Address | 301 EDGEWATER PLACE<br>SUITE 405 | Address | 301 EDGEWATE PLACE<br>SUITE 405 |
| City-State-Zip: | WAKEFIELD MA 01880 | City-State-Zip: | WAKEFIELD MA 01880 |

*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: JOSEPH F. LUSARDI MANAGER 04/20/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date