

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000067116

**Entity Name:** ALUF CBD PARTNERS LLC

**Current Principal Place of Business:**

4801 S UNIVERSITY DRIVE  
SUITE 227  
DAVIE, FL 33328

**Current Mailing Address:**

4801 S UNIVERSITY DRIVE  
SUITE 227  
DAVIE, FL 33328 US

**FEI Number:** 85-2099381

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCWILLIAMS, TERESA L  
4801 S UNIVERSITY DRIVE  
SUITE 227  
DAVIE, FL 33328 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 AP  
Name MCWILLIAMS, TERESA L  
Address 4801 SOUTH UNIVERSITY DRIVE  
STE 227  
City-State-Zip: DAVIE FL 33328

Title MGR  
Name ALUF HOLDINGS, INC.  
Address 4801 SOUTH UNIVERSITY DRIVE  
SUITE 227  
City-State-Zip: DAVIE FL 33328

*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:** TERESA L MCWILLIAMS

AP

01/25/2023

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

\_\_\_\_\_  
Date