that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

2022 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

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

Authorized Person(s) Detail :

	Title	AP	Title	MGR
	Name	MCWILLIAMS, TERESA L	Name	ALUF HOLDINGS, INC.
	Address	PO BOX 2677	Address	P.O. BOX 2677
	City-State-Zip:	HOLLYWOOD FL 33022	City-State-Zip:	HOLLYWOOD FL 33022

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

AP

SIGNATURE: TERESA MCWILLIAMS

FILED Apr 19, 2022 Secretary of State 8176877304CC

Certificate of Status Desired: No

04/19/2022 Date

Date