

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000168490

**Entity Name:** CFCW PROPCO LAKELAND NORTH LLC

**Current Principal Place of Business:**

222 E. 5TH ST.  
TUCSON, AZ 85705

**Current Mailing Address:**

222 E. 5TH ST.  
TUCSON, AZ 85705 US

**FEI Number: 85-1822598**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 ASST. SECRETARY  
Name GRAHAM-BERGIN, ANNE  
Address 222 E. 5TH ST.  
City-State-Zip: TUCSON AZ 85705

Title VP, MANAGER  
Name DARBY, RYAN  
Address 222 E. 5TH ST.  
City-State-Zip: TUCSON AZ 85705

Title TREASURER, MANAGER  
Name GOLD, JEDIDIAH  
Address 222 E. 5TH ST.  
City-State-Zip: TUCSON AZ 85705

Title PRESIDENT, MANAGER  
Name LAI, JOHN L.  
Address 222 E. 5TH ST.  
City-State-Zip: TUCSON AZ 85705

Title SECRETARY  
Name HARTMANN, MARKUS  
Address 222 E 5TH STREET  
City-State-Zip: TUCSON AZ 85705

Title VP  
Name HARTKE, LUKE  
Address 222 E. 5TH STREET  
ATTN: COMPLIANCE  
City-State-Zip: TUCSON AZ 85705

Title VP  
Name THROCKMORTON, JAMES  
Address 222 E 5TH STREET  
ATTN: COMPLIANCE  
City-State-Zip: TUCSON AZ 85705

*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: MARKUS HARTMANN**

**SECRETARY**

**01/17/2023**

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

\_\_\_\_\_  
Date