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

# **General Partner Detail :**

Document #		Document #	
Name	WADDELL, DONNA	Name	WADDELL, RICKY
Address	1730 PENINSULA DRIVE	Address	1730 PENINSULA DRIVE
City-State-Zip:	TAVARES FL 32778	City-State-Zip:	TAVARES FL 32778

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNA WADDELL

Electronic Signature of Signing General Partner Detail

REGISTERED AGENT

03/13/2023 Date

# FILED Mar 13, 2023 Secretary of State 6680456661CC

Date

Certificate of Status Desired: No

# 2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

Name and Address of Current Registered Agent:

#### DOCUMENT# A1600000617

## Entity Name: WADDELL FAMILY LIMITED PARTNERSHIP, LLLP

# **Current Principal Place of Business:**

1730 PENINSULA DRIVE TAVARES. FL 32778

### **Current Mailing Address:**

**1730 PENINSULA DRIVE** TAVARES. FL 32778 US

# FEI Number: 81-4483738

WADDELL, DONNA 1730 PENINSULA DRIVE TAVARES, FL 32778 US