

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000001726

**Entity Name:** 6S, LTD.

**Current Principal Place of Business:**

16030 US 27 SOUTH  
LAKE WALES, FL 33859

**Current Mailing Address:**

PO BOX 1221  
LAKE WALES, FL 33859-1221

**FEI Number:** 14-1863528

**Certificate of Status Desired:** No

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

STORY, KYLE R  
16030 HWY 27 SOUTH  
LAKE WALES, FL 33859-1221 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

**General Partner Detail :**

Document #

Name STORY, KYLE R

Address 16030 HWY 27 SOUTH

City-State-Zip: LAKE WALES FL 33859-1221

*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:** KYLE R STORY

VP

05/19/2017

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date