

2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000002014

Entity Name: LIBERTY DR. PHILLIPS, LLLP

Current Principal Place of Business:

834 HIGHLAND AVE
ORLANDO, FL 32803

Current Mailing Address:

834 HIGHLAND AVE
ORLANDO, FL 32803 US

FEI Number: 20-3732080

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIKKELSON, WM MICHAEL
834 HIGHLAND AVE
ORLANDO, FL 32803 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 # P01000085883

Name LIBERTY DR. PHILLIPS, INC.

Address 834 HIGHLAND AVE

City-State-Zip: ORLANDO FL 32803

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: MIKKELSON, WM MICHAEL

REGISTERED AGENT

04/29/2015

_____ Electronic Signature of Signing General Partner Detail

_____ Date