

**2018 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:** WM MICHAEL MIKKELSON

MGR

03/19/2018

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

\_\_\_\_\_ Date