#### 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: PATRICIA A. SCOTT

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 #

SCOTT, PATRICIA A Name Address 3443 TAMIAMI TRAIL

City-State-Zip: PORT CHARLOTTE FL 33952

2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

#### DOCUMENT# A0600001060

Entity Name: PATRICIA SCOTT FAMILY LIMITED PARTNERSHIP, LLLP

#### **Current Principal Place of Business:**

C/O DAVID A. HOLMES 99 NESBIT STREET PUNTA GORDA, FL 33950

### **Current Mailing Address:**

C/O DAVID A. HOLMES 99 NESBIT STREET PUNTA GORDA, FL 33950

## **FEI Number: NOT APPLICABLE**

# Name and Address of Current Registered Agent:

HOLMES, DAVID A 99 NESBIT STREET PUNTA GORDA, FL 33950 US

04/22/2015 **GENERAL PARTNER** 

Electronic Signature of Signing General Partner Detail

Date

Certificate of Status Desired: No

Date

FILED
Apr 22, 2015
Secretary of State
CC5409265294