#### 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: JULIA STONEBRAKER

Electronic Signature of Signing General Partner Detail

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 # L06000122330 HOWARD FAMILY VENTURES, L.L.C. Name Address 17504 PATTERSON RD City-State-Zip: ODESSA FL 33556

# 2021 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

# DOCUMENT# A0600001531

#### Entity Name: HOWARD FAMILY BUSINESS LIMITED PARTNERSHIP

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

17504 PATTERSON RD ODESSA, FL 33556

# **Current Mailing Address:**

13059 W LINEBAUGH AVE 102 TAMPA, FL 33626

## FEI Number: 20-8366221

# Name and Address of Current Registered Agent:

ALTON K. CATES, JR., CPA, P.A. 13059 W LINEBAUGH AVE 102 TAMPA, FL 33626 US

MANAGING MEMBER

02/24/2021 Date

# FILED Feb 24, 2021 Secretary of State 1385244162CC

Certificate of Status Desired: No

Date