

2019 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06329

Entity Name: HOUSING ASSISTANCE OF MT. DORA, LTD.

Current Principal Place of Business:

708 S GAY STREET, STE 200
KNOXVILLE, TN 37902

Current Mailing Address:

C/O AAMCI
708 SOUTH GAY STREET, SUITE 200
KNOXVILLE, TN 37902 US

FEI Number: 59-1880750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
2ND FL
TALLAHASSEE, FL 32301 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 AAMCI CORPORATION

Address C/O AAMCI
708 SOUTH GAY STREET, SUITE 200

City-State-Zip: KNOXVILLE TN 37902

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: DEEDRA A BURROUGHS

GP

05/03/2019

_____ Electronic Signature of Signing General Partner Detail

_____ Date