

2021 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06329

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

Current Principal Place of Business:

3001 JAVENS CIRCLE
MT. DORA, FL 32757

Current Mailing Address:

320 N CEDAR BLUFF RD, STE 203
KNOXVILLE, TN 37923 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 MT. DORA GP, LLC

Address 320 N CEDAR BLUFF RD STE 203

City-State-Zip: KNOXVILLE TN 37923

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

SECRETARY

04/27/2021

Electronic Signature of Signing General Partner Detail

Date