

**2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000442

**Entity Name:** S.B.N. FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

91 HILLCREST DRIVE  
WEAVERVILLE, NC 28787

**Current Mailing Address:**

91 HILLCREST DRIVE  
WEAVERVILLE, NC 28787

**FEI Number:** 20-8636877

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JONATHAN H. GREEN & ASSOCIATES, P.A  
901 PONCE DE LEON BOULEVARD  
SUITE 601  
CORAL GABLES, FL 33134 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           NOVAK, STEPHEN BM.D.

Address        91 HILLCREST DRIVE

City-State-Zip: WEAVERVILLE NC 28787

*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:** STEPHEN B. NOVAK

**G.P.**

**03/20/2024**

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

\_\_\_\_\_  
Date