

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000001320

**Entity Name:** NEFFGEN FAMILY LLLP

**Current Principal Place of Business:**

15 MCRAE PLACE  
SIMPSONVILLE, SC 29681

**Current Mailing Address:**

15 MCRAE PLACE  
SIMPSONVILLE, SC 29681 US

**FEI Number:** 26-1503831

**Certificate of Status Desired:** Yes

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

B & C CORPORATE SERVICES OF CENTRAL FLORID  
390 N. ORANGE AVE., SUITE 1400  
ORLANDO, FL 32801 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 NEFFGEN, ALFRED VTRUSTEE  
Address 15 MCRAE PLACE  
City-State-Zip: SIMPSONVILLE SC 29681

Document #  
Name NEFFGEN, ANNINA VAIRO TRUSTEE  
Address 15 MCRAE PLACE  
City-State-Zip: SIMPSONVILLE SC 29681

*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:** ALFRED V NEFFGEN

**TRUSTEE**

**01/27/2023**

Electronic Signature of Signing General Partner Detail

Date