

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A11000000251

**Entity Name:** RAMON FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

14229 SW 15 ST  
MIAMI, FL 33184

**Current Mailing Address:**

14229 SW 15 ST  
MIAMI, FL 33184 US

**FEI Number:** 45-2500015

**Certificate of Status Desired:** No

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

RAMON, SANDRA  
14229 SW 15 ST  
MIAMI, FL 33184 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 # L11000032104  
Name RAMON CONTROL, LLC  
Address 14229 SW 15 ST  
City-State-Zip: MIAMI FL 33184

*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:** SANDRA RAMON

**MEMBER**

**04/13/2015**

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

\_\_\_\_\_  
Date