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: SAMUEL A. RUBERT

Electronic Signature of Signing General Partner Detail

Name	RUBERT, SAMUEL TRUSTEE	Name	LUJO, ATHALIA TRU
Address	2645 EXECUTIVE PARK DRIVE SUITE 122	Address	2645 EXECUTIVE PAI SUITE 122
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33331

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: SAMUEL A. RUBERT 02/13/2024

	Electronic Signature of Registered Agent			Date
General F	Partner Detail :			
Document #		Document #		
Name	RUBERT, SAMUEL TRUSTEE	Name	LUJO, ATHALIA TRUSTEE	
Address	2645 EXECUTIVE PARK DRIVE SUITE 122	Address	2645 EXECUTIVE PARK DRIVE SUITE 122	

Entity Name: RUBUJO FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP
Current Principal Place of Business:

2645 EXECUTIVE PARK DRIVE SUITE 122 WESTON, FL 33331

DOCUMENT# A1300000517

## **Current Mailing Address:**

2645 EXECUTIVE PARK DRIVE SUITE 122 WESTON, FL 33331 US

## FEI Number: 46-4446242

## Name and Address of Current Registered Agent:

SAMUEL A. RUBERT, P.A. 2645 EXECUTIVE PARK DRIVE SUITE 122 WESTON, FL 33331 US

2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

Certificate of Status Desired: No

02/13/2024 Date

Date

FILED Feb 13, 2024 Secretary of State 6680539887CC