IGNATURE: SAMUEL A. RUBERT	GENERAL PARTNER

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

2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A1300000517

# Entity Name: RUBUJO FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

**Current Principal Place of Business:** 

3225 FRANKLIN AVE C 101 COCONUT GROVE, FL 33133

# **Current Mailing Address:**

3225 FRANKLIN AVE C 101 COCONUT GROVE, FL 33133

# FEI Number: 46-4446242

### Name and Address of Current Registered Agent:

RUBERT, SAMUEL SAMUEL A. RUBERT, P.A. 2654 EXECUTIVE PARK DRIVE SUITE 122 WESTON, FL 33327 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

### **General Partner Detail :**

Document #		Document #	
Name	RUBERT, SAMUEL TRUSTEE	Name	LUJO, ATHALIA TRUST
Address	3225 FRANKLIN AVENUE C 101	Address	3225 FRANKLIN AVENU
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL

Electronic Signature of Signing General Partner Detail

appears above, or on an attachment with all other like empowered.

SI

STEE UE C 101 L 33133

FILED Feb 13, 2017 Secretary of State CC7085100106

Certificate of Status Desired: No

02/13/2017 Date

Date