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

TRUSTEE

03/05/2019

# 2019 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

### DOCUMENT# A1300000517

## Entity Name: RUBUJO FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

## **Current Principal Place of Business:**

2645 EXECUTIVE PARK DRIVE SUITE 122 WESTON, FL 33331

#### **Current Mailing Address:**

2645 EXECUTIVE PARK DRIVE SUITE 122 WESTON, FL 33331 US

#### FEI Number: 46-4446242

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

RUBERT, SAMUEL SAMUEL A. RUBERT, P.A. 2645 EXECUTIVE PARK DRIVE SUITE 122 WESTON, FL 33331 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 TRUSTEE
Address	2645 EXECUTIVE PARK DRIVE SUITE 122	Address	2645 EXECUTIVE PARK DRIVE SUITE 122
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33331

# Certificate of Status Desired: No

No

Date

### FILED Mar 05, 2019 Secretary of State 2496888437CC

Date