#### 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. 03/29/2020

Electronic Signature of Signing General Partner Detail

# 2020 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

# DOCUMENT# A1400000149

## Entity Name: THE CHRESTENSEN FAMILY LIMITED PARTNERSHIP

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

148 EDGEMERE WAY S NAPLES. FL 34105

## **Current Mailing Address:**

148 EDGEMERE WAY S NAPLES, FL 34105

# FEI Number: NOT APPLICABLE

# Name and Address of Current Registered Agent:

GALBRAITH STATUTORY AGENT, LLC 9045 STRADA STELL COURT 106 NAPLES, FL 34109-4438 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: BRAD A. GALBRAITH

Electronic Signature of Registered Agent

## **General Partner Detail :**

G14000023697 Document # Name THE CHRESTENSEN FAMILY TRUST Address 148 EDGEMERE WAY S City-State-Zip: NAPLES FL 34105

SIGNATURE: CHRESTENSEN FAMILY TRUST GP

# FILED Mar 29, 2020 Secretary of State 2012503606CC

Certificate of Status Desired: No

03/29/2020 Date

Date