

2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A16000000354

Entity Name: BOLITA HARVESTERS ASSOCIATION, LLLP**Current Principal Place of Business:**1264 APOPKA BLVD.
APOPKA, FL 32703**Current Mailing Address:**1264 APOPKA BLVD.
APOPKA, FL 32703 US**FEI Number: 81-3398998****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MORENO, TIRSO
1264 APOPKA BLVD.
APOPKA, FL 32703 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

Name MORENO, TIRSO
Address 1264 APOPKA BLVD.
City-State-Zip: APOPKA FL 32703

Document

Name AVENANO, RAFAEL SOLIS
Address 709 11TH ST
City-State-Zip: IMMOKALEE FL 34142

Document

Name PEREZ, BARTOLO
Address ST. 3 RT, BOX 502
City-State-Zip: IMMOKALEE FL 34142

Document

Name ESCOLANTE, JULIA
Address 2ND ST 412, APT 2
City-State-Zip: IMMOKALEE FL 34142

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Name HERNANDEZ, JUAN
Address 2711 W. IMMOKALEE RD
City-State-Zip: IMMOKALEE FL 34142

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Name CALZODA, CRISTOBAL
Address 209 N. 3RD ST
City-State-Zip: IMMOKALEE FL 34142

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Name MORALES, ERNESTINA
Address 2ND ST. 412, APT 2
City-State-Zip: IMMOKALEE FL 34142

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Name MUNOZ, JUAN
Address 1407 APPLE ST
City-State-Zip: IMMOKALEE FL 34142

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: TIRSO MORENO**ADMINISTRATOR****04/27/2017**

Electronic Signature of Signing General Partner Detail

Date