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. 04/03/2019 SIGNATURE: ALLISON CZAP MANAGING PARTNER

Electronic Signature of Signing General Partner Detail

HONS GROUP LLC 845 SW 17TH ST

City-State-Zip: FORT LAUDERDALE FL 33315

	<b>e e e</b>		
General Par	tner Detail :		
Document #		Document #	
Name	ROTH, CODY	Name	CZAP, ALLISON
Address	845 SW 17TH ST	Address	845 SW 17TH ST
City-State-Zip:	FORT LAUDERDALE FL 33315	City-State-Zip:	FORT LAUDERDALE FL 33315
Document #			

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.

## Electronic Signature of Registered Agent

## G

	Electronic Signature of Registered Agent		
General Par	tner Detail :		
Document #		Document #	
Name	ROTH, CODY	Name	CZAP, ALLISON
Address	845 SW 17TH ST	Address	845 SW 17TH ST
City-State-Zip:	FORT LAUDERDALE FL 33315	City-State-Zip:	FORT LAUDERDALE FL 33315
Document #			
Name	VISIONARY SOLUTIONS GROUP LLC		

#### 5011 S STATE RD7 SUITE 106 DAVIE, FL 33314 US

845 SW 17TH ST

DOCUMENT# A1700000243

### **Current Mailing Address:**

5011 S STATE RD7 **SUITE 106** DAVIE, FL 33314 US

## FEI Number: 82-1654415

VCORP SERVICES, LLC

SIGNATURE:

Address

Name and Address of Current Registered Agent:

FORT LAUDERDALE, FL 33315

# **Current Principal Place of Business:**

## 2019 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

Entity Name: IAN ELIZABETH INVESTMENTS LP

#### FILED Apr 03, 2019 Secretary of State 8312758933CC

Certificate of Status Desired: No

Date

Date