

**2018 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A17000000319

**Entity Name:** A.J.A.R. FAMILY LIMITED PARTNERSHIP

**FILED**  
**Apr 27, 2018**  
**Secretary of State**  
**CC4078600336**

**Current Principal Place of Business:**

12555 BISCAYNE BLVD  
915  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

12555 BISCAYNE BLVD  
915  
NORTH MIAMI, FL 33181 UN

**FEI Number: 82-2119858**

**Certificate of Status Desired: No**

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

RONIEL RODRIGUEZ IV PA  
12555 BISCAYNE BLVD  
915  
NORTH MIAMI, FL 33181 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 #		Document #	
Name	RODRIGUEZ, RONIEL IV	Name	RODRIGUEZ, JESSICA
Address	12555 BISCAYNE BLVD	Address	12555 BISCAYNE BLVD
City-State-Zip:	NORTH MIAMI FL 33181	City-State-Zip:	NORTH MIAMI FL 33181

*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: RONIEL RODRIGUEZ**

**GP**

**04/27/2018**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date