

2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A96000000273

Entity Name: MSS PROVISION FUND, LTD.

Current Principal Place of Business:

5300 W. CYPRESS STREET
SUITE 200
TAMPA, FL 33607

Current Mailing Address:

5300 W. CYPRESS STREET
SUITE 200
TAMPA, FL 33607

FEI Number: 59-3360917

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MASTER CONTROL, INC.
5300 W. CYPRESS STREET
SUITE 200
TAMPA, FL 33607 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 # P97000017669
Name MASTER CONTROL, INC.
Address 5300 W. CYPRESS ST., STE 200
City-State-Zip: TAMPA FL 33607

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: M. STEVEN SEMBLER

P

01/18/2017

Electronic Signature of Signing General Partner Detail

Date