

2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A96000000878

Entity Name: INEZ B. WALKER FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

2895 MERCY DR.
ORLANDO, FL 32808

Current Mailing Address:

POST OFFICE BOX 580099
ORLANDO, FL 32858

FEI Number: 59-3382882

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WALKER, INEZ B
2895 MERCY DR.
ORLANDO, FL 32808 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	WALKER, INEZ B	Name	WALKER, HAILLE B
Address	2895 MERCY DR.	Address	2895 MERCY DR.
City-State-Zip:	ORLANDO FL 32808	City-State-Zip:	ORLANDO FL 32808

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: HAILLE WALKER

PARTNER

03/05/2024

Electronic Signature of Signing General Partner Detail

Date