

**2021 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000000466

**Entity Name:** RASHKIN FAMILY LIMITED PARTNERSHIP II

**Current Principal Place of Business:**

3307 MORRISON AVE.  
TAMPA, FL 33629

**Current Mailing Address:**

PO BOX 18226  
TAMPA, FL 33679 US

**FEI Number:** 59-3258482

**Certificate of Status Desired:** No

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

RASHKIN, JOSEPH C  
3307 MORRISON AVE.  
TAMPA, FL 33629 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 RASHKIN, JOSEPH C

Address 3307 MORRISON AVE.

City-State-Zip: TAMPA FL 33629

*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:** JOSEPH RASHKIN MD

**PRESIDENT**

**01/09/2021**

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

\_\_\_\_\_  
Date