## 2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A9800000466

Entity Name: RASHKIN FAMILY LIMITED PARTNERSHIP II

Current Principal Place of Business:

3307 MORRISON AVE. TAMPA, FL 33629

**Current Mailing Address:** 

P.O. BOX 15837

TAMPA. FL 33684-5837

FEI Number: 59-3258482 Certificate of Status Desired: Yes

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

FILED Mar 29, 2015

**Secretary of State** 

CC7847250151

## **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** 

03/29/2015