

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015541

Entity Name: COX TORRES REAL ESTATE PARTNERSHIP LLC

Current Principal Place of Business:

596 OCOEE COMMERCE PARKWAY
OCOEE, FL 34761

Current Mailing Address:

596 OCOEE COMMERCE PARKWAY
OCOEE, FL 34761

FEI Number: 59-3680826

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, JOSE A. M.D.
3438 COCARD COURT
WINDERMERE, FL 34786-7611 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: JOSE A. TORRES, M.D.

03/26/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name COX, W. KEVIN M.D.
Address P. O. BOX 201
City-State-Zip: OAKLAND FL 34760

Title MGR
Name TORRES, JOSE A. M.D.
Address 7546 PARK SPRINGS CIRCLE
City-State-Zip: ORLANDO FL 32835

Title MANAGING MEMBER
Name HURBANIS, MATTHEW D. M.D.
Address 2626 N. WESTMORELAND DRIVE
City-State-Zip: ORLANDO FL 32804

Title MANAGING MEMBER
Name MALUSO, PAUL J. M.D.
Address 8408 ARBOR GATE COURT
City-State-Zip: ORLANDO FL 32819-4949

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE A. TORRES, M.D.

MANAGING PARTNER

03/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date