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: RICKY R MARSHALL

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 1121 CYPRESS POINT WEST

WINTER HAVEN, FL 33884

DOCUMENT# L13000125999

Current Mailing Address:

1121 CYPRESS POINT WEST WINTER HAVEN. FL 33884

FEI Number: 47-1245057

Name and Address of Current Registered Agent:

MARSHALL, RICKY R 1121 CYPRESS POINT WEST WINTER HAVEN, FL 33884 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

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: MARSHALL FAMILY PARTNERSHIP, LLC

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	MARSHALL, RICKY R	Name	MARSHALL, PATRICIA
Address	1121 CYPRESS POINT WEST	Address	1121 CYPRESS POINT WEST
City-State-Zip:	WINTER HAVEN FL 33884	City-State-Zip:	WINTER HAVEN FL 33884

MANAGER

03/26/2019

FILED Mar 26, 2019 Secretary of State 6489936860CC

Certificate of Status Desired: No

Date

Date