

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000183766

**Entity Name:** TURNER FAMILY PARTNERSHIP I, LLC**Current Principal Place of Business:**7 SUGAR GUM LN  
PINEHURST, NC 28374**Current Mailing Address:**7 SUGAR GUM LN  
PINEHURST, NC 28374 US**FEI Number:** 84-2403225**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHESTNUT BUSINESS SERVICES, LLC  
333 33RD AVE N STE 200  
ST PETERSBURG, FL 33701 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**Authorized Person(s) Detail :**

Title	AMBR
Name	TURNER, SUSAN N
Address	7 SUGAR GUM LN
City-State-Zip:	PINEHURST NC 28374

Title	AMBR
Name	SAVINO, JULIE C
Address	1770 CAPEWAY RD
City-State-Zip:	POWHATAN VA 23139

Title	AMBR
Name	TURNER, III, ALBERT J
Address	546 W SPRING VALLEY RD
City-State-Zip:	DAYTON OH 45458

Title	AMBR
Name	THE LOIS H TURNER FAMILY TRUST
Address	7 SUGAR GUM LN
City-State-Zip:	PINEHURST NC 28374

*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:** SUSAN N. TURNER**MANAGING MEMBER****04/27/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date