

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000392005

**Entity Name:** KINGDOM PARTNERS HOUSING SOLUTIONS LLC

**Current Principal Place of Business:**

1920 VERANO DRIVE  
SUITE 205  
HAINES CITY, FL 33844

**FILED**  
**Apr 22, 2022**  
**Secretary of State**  
**7988402475CC**

**Current Mailing Address:**

P.O. BOX 138081  
CLERMONT, FL 34713 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

WRIGHT, VICTORIA  
1920 VERANO DRIVE  
SUITE 205  
HAINES CITY, FL 33844 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	PRESIDENT	Title	AP
Name	WRIGHT, VICTORIA	Name	ALLEN, WALTER
Address	PO BOX 138081	Address	PO BOX 138081
City-State-Zip:	CLERMONT FL 34713	City-State-Zip:	CLERMONT FL 34713

*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: VICTORIA WRIGHT**

**PRESIDENT**

**04/22/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date