

**2023 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

**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  
200 AVE K SOUTHEAST  
SUITE 2  
WINTER HAVEN, FL 33880 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  
Name            WRIGHT, VICTORIA  
Address        P.O. BOX 138081  
City-State-Zip: CLERMONT FL 34713

Title            AP  
Name            ALLEN, WALTER  
Address        PO BOX 138081  
City-State-Zip: CLERMONT FL 34713

Title            TREASURER  
Name            ALLEN, AIONYAH TREASURER,  
Address        200 AVE K SOUTHEAST  
                 SUITE 2  
City-State-Zip: WINTER HAVEN FL 33880

*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

**OWNER**

**04/11/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date