

2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000000867

Entity Name: NG FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

2614 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Current Mailing Address:

2614 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

FEI Number: 20-0541761

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SACHER, CHARLES P
2655 LE JEUNE RD
SUITE 1101
CORAL GABLES, FL 33134 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

General Partner Detail :

Document #

Name NG, LLC

Address 2614 PONCE DE LEON BLVD.

City-State-Zip: CORAL GABLES FL 33134

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NG, LLC

MGR

02/25/2015

_____ Electronic Signature of Signing General Partner Detail

_____ Date