## 2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A0400000886

Entity Name: TIMM FAMILY PARTNERS, L.L.L.P.

**Current Principal Place of Business:** 

C/O BRUCE B. TIMM 7219 OX BOW CIRLCE TALLAHASSEE, FL 32312

## **Current Mailing Address:**

C/O BRUCE B. TIMM 7219 OX BOW CIRLCE TALLAHASSEE, FL 32312

FEI Number: 20-1191316 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TIMM, BRUCE B 7219 OX BOW CIRCLE TALLAHASSEE, FL 32312 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

FILED Jan 21, 2016

**Secretary of State** 

CC3674211464

## **General Partner Detail:**

Document # Document #

Name TIMM, BRUCE B Name TIMM, JAN BETH

Address 7219 OX BOW CIRCLE Address 559 HIGH OAKS COURT
City-State-Zip: TALLAHASSEE FL 32312 City-State-Zip: TALLAHASSEE 32312

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: BRUCE B. TIMM

MANAGING GENERAL PARTNER

01/21/2016