

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000001251

**Entity Name:** BONNIE LOU FAMILY LLLP

**Current Principal Place of Business:**

8160 N.W. 183 STREET  
HIALEAH, FL 33015

**Current Mailing Address:**

8160 N.W. 183 STREET  
HIALEAH, FL 33015 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RARICK, PHILLIP B  
6500 COWPEN RD.  
204  
MIAMI LAKES, FL 33014 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 CALDWELL, BONNIE B

Address 8160 N.W. 183 STREET

City-State-Zip: HIALEAH FL 33015

*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:** BONNIE B. CALDWELL

**GENERAL PARTNER**

**03/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date