

2019 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A09000000753

Entity Name: THOMAS J. GAST FAMILY PARTNERSHIP LLLP

Current Principal Place of Business:

1819 SHORT BRANCH DR STE 102
TRINITY, FL 34655

Current Mailing Address:

1819 SHORT BRANCH DR STE 102
TRINITY, FL 34655 US

FEI Number: 64-0823100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAST, THOMAS J
1819 SHORT BRANCH DR STE 102
TRINITY, FL 34655 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 GAST, THOMAS JTRUSTEE

Address 1819 SHORT BRANCH DR STE 102

City-State-Zip: TRINITY FL 34655

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: THOMAS J GAST

GP

04/19/2019

Electronic Signature of Signing General Partner Detail

Date