

**2021 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A12000000010

**Entity Name:** EHR FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

13117 NW 107 AVE  
SUITE E1  
HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

13117 NW 107 AVE  
SUITE E1  
HIALEAH GARDENS, FL 33018 US

**FEI Number:** 46-0731001

**Certificate of Status Desired:** No

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

ZAMORA, ENRIQUE  
13117 NW 107 AVE  
SUITE E1  
HIALEAH GARDENS, FL 33018 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:** ENRIQUE ZAMORA

04/28/2021

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document #

Name ZAMORA, ENRIQUE

Address 13117 NW 107 AVE  
SUITE E1

City-State-Zip: HIALEAH GARDENS FL 33018

*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:** ENRIQUE ZAMORA

04/28/2021

Electronic Signature of Signing General Partner Detail

Date