

2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A12000000546

Entity Name: WIGGINS FAMILY LLLP**Current Principal Place of Business:**14024 NW HWY 441
ALACHUA, FL 32615**Current Mailing Address:**P.O. BOX 1857
ALACHUA, FL 32616**FEI Number:** 46-1029996**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WIGGINS, JO V
14024 NW HWY 441
ALACHUA, FL 32615 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 WIGGINS, JO V
Address 14024 NW HWY 441
City-State-Zip: ALACHUA FL 32615

Document #

Name FIELDS, HEATHER W
Address 14024 NW HWY 441
City-State-Zip: ALACHUA FL 32615

Document #

Name WIGGINS, AMANDA
Address 14024 NW HWY 441
City-State-Zip: ALACHUA FL 32615

Document #

Name WIGGINS, ETHEL JTRUSTEE
Address 14024 NW HWY 441
City-State-Zip: ALACHUA FL 32615

Document #

Name WIGGINS, ETHEL JTRUSTEE
Address 14024 NW HWY 441
City-State-Zip: ALACHUA FL 32615

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: JO V WIGGINS**AGENT****01/31/2024**_____
Electronic Signature of Signing General Partner Detail_____
Date