# 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: MARK WILHELM

DOCUMENT# A1200000873

2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

Entity Name: WILHELM FLORIDA, LLLP

## Current Principal Place of Business:

980 N FEDERAL HWY SUITE 303 BOCA RATON, FL 33432

## **Current Mailing Address:**

PO BOX 1853 BOCA RATON, FL 33429 US

# FEI Number: 46-1578985

### Name and Address of Current Registered Agent:

WILHELM, MICHAEL J. 980 N FEDERAL HWY SUITE 303 BOCA RATON, FL 33432 US Certificate of Status Desired: No

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:	: MICHAEL J. WILHELM			01/23/2024
	Electronic Signature of Registered Agent			Date
General Partner Detail :				
Document #		Document #		
Name	WILHELM, MARK J	Name	WILHELM, AMY H	
Address	PO BOX 1853	Address	PO BOX 1853	
City-State-Zip:	BOCA RATON FL 33429	City-State-Zip:	BOCA RATON FL 33429	

Electronic Signature of Signing General Partner Detail

01/23/2024 Date

**GENERAL PARTNER**