

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A12000000893

**Entity Name:** HANKINS FAMILY LIMITED PARTNERSHIP I, LLLP

**Current Principal Place of Business:**

14512 NORTH NEBRASKA AVE.  
TAMPA, FL 33613

**Current Mailing Address:**

14512 NORTH NEBRASKA AVE.  
TAMPA, FL 33613

**FEI Number: 46-1570494**

**Certificate of Status Desired: No**

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

CASTEEL, TERRI HANKINS  
14512 NORTH NEBRASKA AVE.  
TAMPA, FL 33613 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 CASTEEL, TERRI HANKINS

Address 14512 NORTH NEBRASKA AVE.

City-State-Zip: TAMPA FL 33613

*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: TERRI HANKINS CASTEEL**

**PRESIDENT**

**02/10/2023**

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

\_\_\_\_\_  
Date