## **2021 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A12000000962

Entity Name: SMOKEY CREEK FAMILY LIMITED LIABILITY LIMITED

**PARTNERSHIP** 

# **Current Principal Place of Business:**

9055 VAN FLEET RD POLK CITY, FL 33868

## **Current Mailing Address:**

PO BOX 1196

POLK CITY, FL 33868 US

FEI Number: 46-1759989 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

FRASIER, DONALD W 9055 VAN FLEET RD POLK CITY, FL 33868 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

**FILED** Mar 18, 2021

**Secretary of State** 

8548084604CC

#### **General Partner Detail:**

Document #

Name FRASIER, DONALD WTRUSTEE

Address 9055 VAN FLEET RD City-State-Zip: POLK CITY FL 33868

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: DONALD W. FRASIER

Electronic Signature of Signing General Partner Detail

MANAGING MEMBER

03/18/2021