#### 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. 01/02/2022

SIGNATURE: JOHN FALK

Electronic Signature of Signing General Partner Detail

# 3350 N. KEY DR. #702 NORTH FORT MYERS. FL 33903

## **Current Mailing Address:**

DOCUMENT# A1500000822

3350 N. KEY DR. #702 NORTH FORT MYERS. FL 33903 US

**Current Principal Place of Business:** 

### FEI Number: 36-4184794

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

FALK, JOHN 3350 N. KEY DR. #702 NORTH FORT MYERS, FL 33903 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:

## **General Partner Detail :**

Document #		Document #	
Name	FALK, JOHN	Name	FALK, BARBARA
Address	3350 N. KEY DR. #702	Address	3350 N. KEY DR. #702
City-State-Zip:	NORTH FORT MYERS FL 33903	City-State-Zip:	NORTH FORT MYERS FL 33903

Electronic Signature of Registered Agent

Entity Name: THE CAMK FAMILY LIMITED PARTNERSHIP

### FILED Jan 02, 2022 Secretary of State 9002715627CC

Certificate of Status Desired: No

Date

Date

GENERAL PARTNER