## 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: STEVEN D LASSER, MD

Electronic Signature of Signing General Partner Detail

# Name and Address of Current Registered Agent:

MESSIANU, LIZ C 1 ALHAMBRA PLAZA **SUITE 1410** CORAL GABLES, FL 33064 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

### **General Partner Detail :**

Document #		Document #	
Name	LASSER, STEVEN D	Name	LASSER, KATHY A
Address	2841 NE 23RD COURT	Address	2841 NE 23RD COURT
City-State-Zip:	POMPANO BEACH FL 33062	City-State-Zip:	POMPANO FL 33062

Certificate of Status Desired: No

Date

02/12/2024

Date

MANAGING PARTNER

### FILED Feb 12, 2024 Secretary of State 6159172369CC

### 2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A1600000329

Entity Name: LASSER FAMILY LIMITED PARTNERSHIP

## **Current Principal Place of Business:**

2841 NE 23RD COURT POMPANO BEACH. FL 33062

## **Current Mailing Address:**

2841 NE 23RD COURT POMPANO BEACH. FL 33062 US

## FEI Number: 81-3958230