

**2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A16000000533

**Entity Name:** AMBAR VILLAS, LTD.

**Current Principal Place of Business:**

1649 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1649 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TVC AMBAR, INC.  
1649 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 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 # L16000183032  
Name AMBAR VILLAS GP, LLC  
Address 1649 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32207

*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:** JOHN D ROOD

01/12/2024

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

\_\_\_\_\_ Date