

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A18000000140

**Entity Name:** THE MACHADO FAMILY LIMITED PARTNERSHIP NO. 4

**Current Principal Place of Business:**

6465 W 24 AVE.  
101  
HIALEAH, FL 33016

**Current Mailing Address:**

P.O. BOX 161387  
HIALEAH, FL 33016 US

**FEI Number: 82-5076306**

**Certificate of Status Desired:** No

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

MACHADO, CEFERINO  
6465 W 24 AVE.  
101  
HIALEAH, FL 33016 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 MACHADO, CEFERINO

Address 6465 W 24 AVE., APT. 101

City-State-Zip: HIALEAH FL 33016

*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: CEFERINO MACHADO**

**GP**

**02/03/2023**

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

\_\_\_\_\_  
Date