

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A21000000132

**Entity Name:** SPIRA MCA, LP

**Current Principal Place of Business:**

1015 FILLMORE STREET  
PMB 31735  
SAN FRANCISCO, CA 94115

**Current Mailing Address:**

1015 FILLMORE STREET  
PMB 31735  
SAN FRANCISCO, CA 94115 US

**FEI Number:** 32-0654744

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 # L21000120384  
Name SPIRA MCA GP, LLC  
Address 1015 FILLMORE STREET, PMB 31735  
City-State-Zip: SAN FRANCISCO CA 94115

*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:** ROBERT LEE

**MANAGER**

**04/21/2023**

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

\_\_\_\_\_  
Date