

**2025 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A21000000746

**Entity Name:** GO PONCE LP

**Current Principal Place of Business:**

11110 W. OAKLAND PARK BLVD.  
STE. 289  
SUNRISE, FL 33351

**Current Mailing Address:**

11110 W. OAKLAND PARK BLVD.  
STE. 289  
SUNRISE, FL 33351

**FEI Number:** 87-4154962

**Certificate of Status Desired:** No

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

ORON, GAL  
11110 W. OAKLAND PARK BLVD.  
STE. 289  
SUNRISE, FL 33351 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 # L21000531774  
Name GO PONCE CG GP LLC  
Address 11110 W. OAKLAND PARK BLVD. STE  
289  
City-State-Zip: SUNRISE FL 33351

*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:** GAL ORON

**MANAGER**

**04/30/2025**

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

\_\_\_\_\_  
Date