

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A23433

**Entity Name:** 1271 BLOCK, A LIMITED PARTNERSHIP

**Current Principal Place of Business:**

C/O HAROLD SORENS  
14425 STRATHMORE LANE STE. #802  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

C/O HAROLD SORENS  
14425 STRATHMORE LANE STE. #802  
DELRAY BEACH, FL 33446 US

**FEI Number:** 22-2338972

**Certificate of Status Desired:** No

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

SORENS, HAROLD  
14425 STRATHMORE LANE SUITE  
802  
DELRAY BEACH, FL 33446 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 SORENS, HAROLD

Address 14425 STRATHMORE LN,#802

City-State-Zip: DELRAY BEACH FL 33446

*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:** HAROLD SORENS

**GENERAL PARTNER**

**02/28/2023**

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

\_\_\_\_\_  
Date