

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000001630

**Entity Name:** MINNIX, LTD.

**Current Principal Place of Business:**

7485 S.W. 122ND STREET  
MIAMI, FL 33156

**Current Mailing Address:**

PO BOX 127  
OCOEE, TN 37361

**FEI Number:** 65-0536971

**Certificate of Status Desired:** No

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

CRISONINO, RICHARD AESQ  
2534 SW 6 STREET  
MIAMI, FL 33135 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 MINNIX NURSERY, INC.

Address 7485 S.W. 122ND STREET

City-State-Zip: MIAMI FL 33156

*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:** WILLIAM MINNIX

**PARTNER**

**01/20/2015**

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

\_\_\_\_\_  
Date