## 2018 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A95000002056

Entity Name: THE ALLEN C. WILLIAMS, SR. FAMILY LIMITED LIABILITY

LIMITED PARTNERSHIP

## **Current Principal Place of Business:**

720 SOUTH C ST PENSACOLA, FL 32501

**Current Mailing Address:** 

PO BOX 1590

PENSACOLA, FL 32501 US

FEI Number: 59-3351560 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, ALLEN CJR 720 SOUTH PENSACOLA, FL 32591 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

**FILED** Jan 11, 2018

**Secretary of State** 

CC8104965124

## **General Partner Detail:**

Document #

Name ACW FAMILY, LLC Address 720 SOUTH C ST

City-State-Zip: PENSACOLA FL 32501

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.

**MGR** 

SIGNATURE: ALLEN C WILLIAMS JR