

**2021 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000002109

**FILED**  
**Apr 06, 2021**  
**Secretary of State**  
**2839061471CC**

**Entity Name:** THE HELPHENSTINE FAMILY LIMITED PARTNERSHIP OF 1995,  
LLLP

**Current Principal Place of Business:**

6210 SCOTT STREET  
UNIT 115  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

P.O. BOX 512049  
PUNTA GORDA, FL 33951 US

**FEI Number: 65-0650076**

**Certificate of Status Desired: No**

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

HELPHENSTINE, JOANN P  
6210 SCOTT STREET  
UNIT 115  
PUNTA GORDA, FL 33950 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 HELPHENSTINE, JOANNE PTRUSTEE

Address 3456 BAL HARBOR BLVD

City-State-Zip: PUNTA GORDA FL 33950

*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: JOANNE HELPHENSTINE**

**TRUSTEE**

**04/06/2021**

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

\_\_\_\_\_  
Date