

**2018 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000000274

**Entity Name:** SFS PROVISION FUND, LTD.

**Current Principal Place of Business:**

5300 W. CYPRESS STREET  
SUITE 200  
TAMPA, FL 33607

**Current Mailing Address:**

5300 W. CYPRESS STREET  
SUITE 200  
TAMPA, FL 33607

**FEI Number:** 59-3360922

**Certificate of Status Desired:** No

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

MASTER CONTROL, INC.  
5300 W. CYPRESS STREET  
SUITE 200  
TAMPA, FL 33607 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 # P97000017669  
Name MASTER CONTROL, INC.  
Address 5300 W. CYPRESS ST., STE 200  
City-State-Zip: TAMPA FL 33607

*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:** M. STEVEN SEMBLER

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01/17/2018

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Electronic Signature of Signing General Partner Detail

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Date