## 2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A9600000274

Entity Name: SFS PROVISION FUND, LTD.

**Current Principal Place of Business:** 

180 FOUNTAIN PARKWAY N SUITE 100

ST. PETERSBURG, FL 33716

## **Current Mailing Address:**

180 FOUNTAIN PARKWAY N SUITE 100 ST. PETERSBURG, FL 33716 US

FEI Number: 59-3360922 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MASTER CONTROL, INC. 180 FOUNTAIN PARKWAY N SUITE 100 ST. PETERSBURG, FL 33716 US

51. PETERSBURG, FL 33/10 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 09, 2024

**Secretary of State** 

1727094911CC

## **General Partner Detail:**

Document # P97000017669

Name MASTER CONTROL, INC.
Address 180 FOUNTAIN PARKWAY N

SUITE 100

City-State-Zip: ST. PETERSBURG FL 33716

SIGNATURE: M. STEVEN SEMBLER

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.

Electronic Signature of Signing General Partner Detail

P OF GP

01/09/2024

Date