

**2018 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000000431

**FILED**  
**Jan 24, 2018**  
**Secretary of State**  
**CC1017110514**

**Entity Name:** THE MACHADO FAMILY LIMITED PARTNERSHIP NO. 2

**Current Principal Place of Business:**

6465 WEST 24TH AVENUE, APT. 101  
HIALEAH, FL 33016

**Current Mailing Address:**

P.O. BOX 161387  
HIALEAH, FL 33016

**FEI Number: 65-0739478**

**Certificate of Status Desired: No**

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

MACHADO, CEFERINO  
6465 WEST 24TH AVENUE, APT.101  
HIALEAH, FL 33016 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 # P97000015191  
Name MACHADO GOLDEN EAGLE, INC.  
Address 6465 WEST 24TH AVENUE, APT. 101  
City-State-Zip: HIALEAH FL 33016

Document #  
Name MACHADO, LUIS  
Address 305 ALCAZAR AVE  
SUITE 3  
City-State-Zip: CORAL GABLES FL 33134

Document #  
Name MACHADO-LANDEIRO, KATYA  
Address 6465 W 24 AVE  
#101  
City-State-Zip: HIALEAH FL 33016

*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: CEFERINO MACHADO**

**GP**

**01/24/2018**

Electronic Signature of Signing General Partner Detail

Date