

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000008261

Entity Name: PART LOW LLC

Current Principal Place of Business:

15524 WHISPERING FIR DR
JACKSONVILLE, FL 32218

Current Mailing Address:

15524 WHISPERING FIR DR
JACKSONVILLE, FL 32218 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARTLOW, LEVOYUS
15524 WHISPERING FIR DR
JACKSONVILLE, FL 32218 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: LEVOYUS PARTLOW

04/17/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AP
Name PARTLOW, LEVOYUS
Address 15524 WHISPERING FIR DR
City-State-Zip: JACKSONVILLE FL 32218

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEVOYUS PARTLOW

AP

04/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date