

**2023 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A27580

**Entity Name:** FLORIDA FREEZER LIMITED PARTNERSHIP

**Current Principal Place of Business:**

7952 INTERSTATE COURT N.E.  
NORTH FT. MYERS, FL 33917

**Current Mailing Address:**

4110 CENTER POINTE DR.  
SUITE 207  
FORT MYERS, FL 33916-9424 US

**FEI Number:** 65-0090827

**Certificate of Status Desired:** Yes

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

FAY, SUSAN JANE  
4110 CENTER POINTE DR.  
SUITE 207  
FT. MYERS, FL 33916-9424 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 # P22182  
Name FLORIDA FREEZER, INC.  
Address 4110 CENTER POINTE DR. SUITE 207  
City-State-Zip: FT. MYERS FL 33916-9424

*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:** JOSEPH C. MACRI

**CONTROLLER**

**01/23/2023**

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

\_\_\_\_\_  
Date