2020 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000786

Entity Name: SAM & JOSEPHINE, LTD.

Current Principal Place of Business:

5002 NORTH HOWARD AVENUE

TAMPA FL 33603

Current Mailing Address:

5002 NORTH HOWARD AVENUE TAMPA. FL 33603 US

FEI Number: 58-2670920 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AGLIANO, FRANK 5002 NORTH HOWARD AVENUE TAMPA, FL 33603 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:

Date Electronic Signature of Registered Agent

General Partner Detail:

Document # Document #

AGLIANO, SAM CO-TRUSTEE OF THE AGLIANO, FRANK CO-TRUSTEE OF Name Name

JOSEPHINE B. AGLIANO FAMILY THE JOSEPHINE B. AGLIANO FAMILY TRUST CREATED PURSUANT TO TRUST CREATED PURSUANT TO ARTICLE VI OF THE JOSEPHINE B. ARTICLE VI OF THE JOSEPHINE B. AGLIANO REVOCABLE TRUST DATED AGLIANO REVOCABLE TRUST DATED SEPTEMBER 26, 1993, AS AMENDED SEPTEMBER 26, 1993 AS AMENDED AND RESTATED JUNE 7, 2007 AND RESTATED JUNE 7, 2007

Address 5002 NORTH HOWARD AVENUE Address 5002 NORTH HOWARD AVENUE

City-State-Zip: TAMPA FL 33603 City-State-Zip: TAMPA FL 33603

Document # Document #

RIVAS, SARAH A CO-TRUSTEE OF Name AGLIANO, DAVID CO-TRUSTEE OF Name

THE JOSEPHINE B. AGLIANO FAMILY THE JOSEPHINE B. AGLIANO FAMILY TRUST CREATED PURSUANT TO TRUST CREATED PURSUANT TO ARTICLE VI OF THE JOSEPHINE B. ARTICLE VI OF THE JOSEPHINE B. AGLIANO REVOCABLE TRUST DATED AGLIANO REVOCABLE TRUST DATED SEPTEMBER 26, 1993, AS AMENDED SEPTEMBER 26, 1993, AS AMENDED AND RESTATED JUNE7, 2007

AND RESTATED JUNE 7, 2007

5002 NORTH HOWARD AVENUE Address 5002 NORTH HOWARD AVENUE Address

City-State-Zip: TAMPA FL 33603 TAMPA FL 33603 City-State-Zip:

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.

05/07/2020 **PRESIDENT** SIGNATURE: FRANK AGLIANO

FILED May 07, 2020

Secretary of State

2405247737CC