

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000001916

**Entity Name:** AGLIANO FAMILY LIMITED PARTNERSHIP, LLP

**Current Principal Place of Business:**

3602 LYKES AVE  
TAMPA, FL 33609

**Current Mailing Address:**

P.O. BOX 18621  
TAMPA, FL 33679-8621 US

**FEI Number:** 16-1736589

**Certificate of Status Desired:** No

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

AGLIANO, DENNIS S  
3602 LYKES AVE  
TAMPA, FL 33609 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 #      |                          | Document #      |                          |
|-----------------|--------------------------|-----------------|--------------------------|
| Name            | AGLIANO, DENNIS STRUSTEE | Name            | AGLIANO, JUDITH PTRUSTEE |
| Address         | P.O. BOX 18621           | Address         | 3602 LYKES AVE           |
| City-State-Zip: | TAMPA FL 33679           | City-State-Zip: | TAMPA FL 33609           |

*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:** DENNIS S AGLIANO

**MGR**

**04/13/2023**

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

\_\_\_\_\_  
Date