

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051073

Entity Name: SAMPSON PARTNERS LLC**Current Principal Place of Business:**2244 SOUTH BROOK DRIVE
ATTN: MIKE SCHOPP
FLEMING ISLAND, FL 32003**Current Mailing Address:**2244 SOUTH BROOK DRIVE
ATTN: MIKE SCHOPP
FLEMING ISLAND, FL 32003 US**FEI Number:** 02-0588333**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHOPP, BETH
2244 SOUTH BROOK DRIVE
FLEMING ISLAND, FL 32003 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**Authorized Person(s) Detail :**

Title	MGRM
Name	EDWARDS, BRIAN J
Address	5027 QUEENSBURY CIR.
City-State-Zip:	FREDERICKSBURG VA 22408

Title	MGRM
Name	KETTLES, ROBERT
Address	22796 ASHWOOD
City-State-Zip:	LAKE FOREST CA 92630

Title	MGRM
Name	LANGTON, DANIEL
Address	227 KINVARA COURT
City-State-Zip:	WAKE FOREST NC 27587

Title	MGRM
Name	SAMIDE, PAUL
Address	5824 PLYMOUTH PLACE
City-State-Zip:	AVE MARIA FL 34142

Title	MGRM
Name	SCHOPP, MICHAEL H
Address	2244 SOUTH BROOK DRIVE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	MGRM
Name	TAUBLER, TAMMY
Address	4268 PLETZER BLVD.
City-State-Zip:	ROOTSTOWN OH 44272

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: PAUL SAMIDE

GM - PARTNER

01/09/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date