

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051073

Entity Name: SAMPSON PARTNERS LLC**Current Principal Place of Business:**2244 SOUTH BROOK DRIVE
FLEMING ISLAND, FL 32003**Current Mailing Address:**PO BOX 9388
FLEMING ISLAND, FL 32006 US**FEI Number:** 02-0588333**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAMIDE, PAUL
5824 PLYMOUTH PLACE
AVE MARIA, FL 34142 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**PRESIDENT/GM****01/04/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date