

**2020 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000800

**Entity Name:** CARPLES FAMILY LLLP

**Current Principal Place of Business:**

% MS. FLORENCE L. CARPLES  
401 E. LINTON BLVD., APT.553  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

% MR. DAVID N. CARPLES  
7804 FOX GATE COURT  
BETHESDA, MD 20817 US

**FEI Number:** 26-0411711

**Certificate of Status Desired:** No

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

CARPLES, FLORENCE L  
401 E. LINTON BLVD., APT.553  
DELRAY BEACH, FL 33483 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 #

Name CARPLES FAMILY CORP.

Address 401 E. LINTON BLVD., APT. 553

City-State-Zip: DELRAY BEACH FL 33483

*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:** STEVEN A. CARPLES

**PARTNER**

**01/07/2020**

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

\_\_\_\_\_  
Date