

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000102614

**Entity Name:** TEAM RIPA, LLC

**Current Principal Place of Business:**

1409 TECH BLVD STE 1  
TAMPA, FL 33619

**Current Mailing Address:**

1409 TECH BLVD STE 1  
TAMPA, FL 33619 US

**FEI Number:** 20-3646701

**Certificate of Status Desired:** No

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

RIPA, FRANK P  
1409 TECH BLVD STE 1  
TAMPA, FL 33619 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	MGR	Title	MGR
Name	RIPA, FRANK P	Name	LAFACE, JOSEPH C
Address	1409 TECH BLVD STE 1	Address	1409 TECH BLVD STE 1
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619

*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:** JOSEPH C. LAFACE

**MANAGER**

**01/12/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date