

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000125656

**Entity Name:** WE THREE OF TAMPA, LLC

**Current Principal Place of Business:**

2718 CENTERVILLE ROAD  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2718 CENTERVILLE ROAD  
TALLAHASSEE, FL 32308 US

**FEI Number:** 26-1595319

**Certificate of Status Desired:** No

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

SAXON ACCOUNTING & CONSULTING, INC  
2344 HANSEN LANE  
UNIT 1  
TALLAHASSEE, FL 32301 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 JOHNSON, LAURA B  
Address 2718 CENTERVILLE ROAD  
City-State-Zip: TALLAHASSEE FL 32308

Title MGRM  
Name PARKS, MARCIA E  
Address 2718 CENTERVILLE ROAD  
City-State-Zip: TALLAHASSEE FL 32308

Title MGRM  
Name BLANK, DEANNA L.  
Address 2718 CENTERVILLE ROAD  
City-State-Zip: TALLAHASSEE FL 32308

Title SECRETARY, TREASURER  
Name BLANK, JOHN  
Address 2718 CENTERVILLE ROAD  
City-State-Zip: TALLAHASSEE FL 32308

*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:** LAURA L. JOHNSON

MGRM

03/11/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date