

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000191598

**Entity Name:** TAZ BENEFIT, LLC**Current Principal Place of Business:**3341 LEAF LAKE DRIVE  
LAND O'LAKES, FL 34639**Current Mailing Address:**3341 LEAF LAKE DRIVE  
LAND O'LAKES, FL 34639 US**FEI Number:** 47-2460925**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MYSELS, ELISE  
3341 LEAF LAKE DRIVE  
LAKE O'LAKES, FL 34639 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	AUTHORIZED MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	MYSELS, ELISE D	Name	MYSELS, ELISE D
Address	3341 LEAF LAKE DR	Address	3341 LEAF LAKE DR
City-State-Zip:	LAND O LAKES FL 34639	City-State-Zip:	LAND O LAKES FL 34639
Title	MANAGER		
Name	MYSELS, DERRICK M		
Address	3341 LEAF LAKE DRIVE		
City-State-Zip:	LAND O'LAKES FL 34639		

*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:** ELISE MYSELS

AUTHORIZED MEMBER

03/17/2020

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