

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000016710

**Entity Name:** ENTITY INVESTORS, LLC

**Current Principal Place of Business:**

2810 E HILLSBOROUGH AVE  
#310548  
TAMPA, FL 33610

**FILED**  
**Apr 28, 2024**  
**Secretary of State**  
**7033971391CC**

**Current Mailing Address:**

PO BOX 310548  
TAMPA, FL 33680 US

**FEI Number: 47-3016895**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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            CEO  
Name            GILCHRIST, VEVELYN M.  
Address        5225 TENNIS COURT CIRCLE  
City-State-Zip: TAMPA FL 33617

Title            PRESIDENT  
Name            BLOUNT, LATAVIA E.  
Address        5225 TENNIS COURT CIRCLE  
City-State-Zip: TAMPA FL 33617

Title            AUTHORIZED MEMBER  
Name            SANTIAGO CRUZ, ESTEBAN  
Address        PO BOX 310548  
City-State-Zip: TAMPA FL 33680

Title            AUTHORIZED MEMBER  
Name            MAYES, CARIE L  
Address        2334 14TH AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33713

Title            AUTHORIZED MEMBER  
Name            JOHNSON, SHEILA C.  
Address        1759 5TH STREET  
City-State-Zip: SARASOTA FL 34236

Title            AUTHORIZED MEMBER  
Name            GILCHRIST, COLEMAN L.  
Address        2350 BAGBY STREET  
City-State-Zip: HOUSTON TX 77006

*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: VEVELYN M. GILCHRIST**

**CEO**

**04/28/2024**

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

\_\_\_\_\_  
Date