

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**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