

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000264482

**Entity Name:** PARTPAL LLC

**Current Principal Place of Business:**

2017 OCEANVIEW PL  
TAMPA, FL 33605

**Current Mailing Address:**

2017 OCEANVIEW PL  
TAMPA, FL 33605 US

**FEI Number:** 93-1678263

**Certificate of Status Desired:** No

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

DEBENEDETTO, SALVATOR R  
2017 OCEANVIEW PL  
TAMPA, FL 33605 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            CASCIO, OWEN M  
Address        2017 OCEANVIEW PL  
City-State-Zip: TAMPA FL 33605

Title            COO  
Name            DEBENEDETTO, SALVATOR R  
Address        2017 OCEANVIEW PL  
City-State-Zip: TAMPA FL 33605

Title            MBR  
Name            MARKS, GERALD A  
Address        202 S PARKER ST. UNIT 442  
City-State-Zip: TAMPA FL 33606

Title            MBR  
Name            MARKS, AIDEN  
Address        23606 N SANCTUARY CLUB DR  
City-State-Zip: KILDEER IL 60047

Title            CFO  
Name            MORGAN, EVAN D  
Address        37 ASSELYN DRIVE  
City-State-Zip: SCARBOROUGH ME 04074

*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:** SALVATOR R DEBENEDETTO

COO

03/20/2024

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

\_\_\_\_\_ Date