

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400002927

**Entity Name:** WEBTPA EMPLOYER SERVICES, LLC

**Current Principal Place of Business:**

8500 FREEPORT PARKWAY SOUTH  
SUITE 400  
IRVING, TX 75063

**Current Mailing Address:**

4800 DEERWOOD CAMPUS PARKWAY  
BLDG 100  
JACKSONVILLE, FL 32246 US

**FEI Number: 75-2611444**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           DIVITA, III, CHARLES  
Address       8500 FREEPORT PARKWAY SOUTH  
                  SUITE 400  
City-State-Zip: IRVING TX 75063

Title           MANAGER  
Name           VAN ESSENDELFT, SETH  
Address       8500 FREEPORT PARKWAY SOUTH  
                  SUITE 400  
City-State-Zip: IRVING TX 75063

Title           MANAGER  
Name           URBANEK, JON  
Address       8500 FREEPORT PARKWAY SOUTH  
                  SUITE 400  
City-State-Zip: IRVING TX 75063

*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: CHARLES DIVITA, III**

**MANAGER**

**04/26/2021**

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

\_\_\_\_\_  
Date