

2024 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

FILED
Apr 05, 2024
Secretary of State
3355467830CC

Current Mailing Address:

4800 DEERWOOD CAMPUS PARKWAY
BUILDING 100, ATTN: ARI JOLLY
JACKSONVILLE, FL 32246 US

FEI Number: 75-2611444

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	MANAGER, CHAIRMAN	Title	MANAGER
Name	DIVITA , CHARLES III	Name	VAN ESSENDELFT, SETH
Address	4800 DEERWOOD CAMPUS PARKWAY BUILDING 100	Address	4800 DEERWOOD CAMPUS PARKWAY BUILDING 100
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246
Title	MANAGER	Title	CEO
Name	HARRISON, CAMILLE	Name	MCCABE, MICHAEL J
Address	4800 DEERWOOD CAMPUS PARKWAY SUITE 100	Address	8500 FREEPORT PARKWAY SOUTH SUITE 400
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	IRVING TX 75063
Title	CFO	Title	PRESIDENT
Name	CASE, SCOTT	Name	MANKIN, DWIGHT
Address	8500 FREEPORT PARKWAY SOUTH SUITE 400	Address	8500 FREEPORT PARKWAY SOUTH SUITE 400
City-State-Zip:	IRVING TX 75063	City-State-Zip:	IRVING TX 75063
Title	SECRETARY	Title	MANAGER
Name	PASCULLO, JOSEPH A	Name	BECHTEL, RACHEL
Address	8500 FREEPORT PARKWAY SOUTH SUITE 400	Address	4800 DEERWOOD CAMPUS PARKWAY BUILDING 100
City-State-Zip:	IRVING TX 75063	City-State-Zip:	JACKSONVILLE FL 32246

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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

04/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MEMBER

Name COMMUNITAS, INC.

Address 8500 FREEPORT PARKWAY SOUTH
SUITE 400

City-State-Zip: IRVING TX 75063