

**2022 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  
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, SIGNER	Title	MANAGER
Name	DIVITA III, CHARLES	Name	VAN ESSENDELFT, SETH
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	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**

**ANNUAL REPORT SIGNER 04/18/2022**

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

\_\_\_\_\_ Date