

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099577

Entity Name: T PARTNERS LLC**Current Principal Place of Business:**3400 COVE CAY DRIVE 1B
#203
CLEARWATER, FL 33760**Current Mailing Address:**P.O. BOX 24282
TAMPA, FL 33623 US**FEI Number:** 20-3625013**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CISNEROS, FRANK G
3400 COVE CAY DRIVE 1B
CLEARWATER, FL 33760 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	AR
Name	BLANCO, RAFAEL
Address	32 BAHAMA CIRCLE
City-State-Zip:	TAMPA FL 33606

Title	MGR
Name	CISNEROS, FRANK G
Address	3400 COVE CAY DRIVE 1B
City-State-Zip:	CLEARWATER FL 33760

Title	AR
Name	CANEDO, MARIO
Address	4201 BAYSHORE BLVD. 1101
City-State-Zip:	TAMPA FL 33611

Title	AR
Name	LEON, GUILLERMO
Address	18605 AVENUE CAPRI
City-State-Zip:	LUTZ FL 33558

Title	AR
Name	MENENDEZ, LUIS
Address	2513 N. DUNDEE ST
City-State-Zip:	TAMPA FL 33629

Title	AR
Name	INGA, JORGE J. MD
Address	6701 HANLEY ROAD
City-State-Zip:	TAMPA FL 33634

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: FRANK G. CISNEROS**MANAGER****04/14/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date