

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099577

Entity Name: T PARTNERS LLC**Current Principal Place of Business:**1600 SO MAC DILL AVE.
#203
TAMPA, FL 33629**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
1600 SO MAC DILL AVE.
#203
TAMPA, FL 33629 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 AR
Name CANEDO, MARIO
Address 4201 BAYSHORE BLVD.
1101
City-State-Zip: TAMPA FL 33611

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

Title MGR
Name CISNEROS, FRANK GSR.
Address 1600 SO MAC DILL AVE.
#203
City-State-Zip: TAMPA FL 33629

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

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****01/31/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date