

**2019 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 33606Title AR  
Name CANEDO, MARIO  
Address 4201 BAYSHORE BLVD.  
1101  
City-State-Zip: TAMPA FL 33611Title AR  
Name MENENDEZ, LUIS  
Address 2513 N. DUNDEE ST  
City-State-Zip: TAMPA FL 33629Title MGR  
Name CISNEROS, FRANK GSR.  
Address 1600 SO MAC DILL AVE.  
#203  
City-State-Zip: TAMPA FL 33629Title AR  
Name LEON, GUILLERMO  
Address 18605 AVENUE CAPRI  
City-State-Zip: LUTZ FL 33558Title 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****02/06/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date