## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000024488

**Entity Name: INTRUST BUSINESS PARTNERS LLC** 

**Current Principal Place of Business:** 

412 E MADISON STREET SUITE 809

TAMPA, FL 33602

**Current Mailing Address:** 

**412 E MADISON STREET** 

SUITE 809

TAMPA, FL 33602 US

FEI Number: 45-4582417 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROCKWAY, LEE 412 E MADISON STREET SUITE 809

TAMPA, FL 33602 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

**FILED** Jan 15, 2020

**Secretary of State** 

9711351589CC

Authorized Person(s) Detail:

Title MGR Title MGR

DOWSE, RICHARD Name BROCKWAY, LEE Name

412 E MADISON STREET 412 E MADISON STREET Address Address

SUITE 809 SUITE 809

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title MGR Title MGR

Name KEEVER, KEVIN Name CODE, BRIAN

Address 412 E MADISON STREET Address **412 E MADISON STREET** 

SUITE 809 **SUITE 809** 

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title MGR Title MANAGING PARTNER DINKEL, MATTHEW GOLDBERG, DANIEL Name Name

412 E MADISON STREET 17852 US HIGHWAY 41 NORTH Address Address

SUITE 809 LUTZ FL 33549

City-State-Zip: City-State-Zip: TAMPA FL 33602

Title MANAGING PARTNER

Name WILLETT, KEITH

Address **412 E MADISON STREET** 

SUITE 809

TAMPA FL 33602 City-State-Zip:

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: LEE BROCKWAY

MANAGING PARTNER

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date