

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000124607

Entity Name: USPA MARKETING, LLC**Current Principal Place of Business:**12012 SOUTH SHORE BLVD, #102
WELLINGTON, FL 33414**Current Mailing Address:**12012 SOUTH SHORE BLVD, #102
WELLINGTON, FL 33414 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALLE, CRAIG T
13501 SOUTH SHORE BOULEVARD
SUITE 103
WELLINGTON, FL 33414 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, CHAIRMAN
Name	WALKER, SCOTT
Address	12300 SOUTH SHORE BLVD, #218
City-State-Zip:	WELLINGTON FL 33414

Title	MANAGER, CEO (EX OFFICIO)
Name	PUETZ, ROBERT
Address	12300 SOUTH SHORE BLVD, #218
City-State-Zip:	WELLINGTON FL 33414

Title	MANAGER
Name	ARMSTRONG, STEWART
Address	12012 SOUTH SHORE BLVD. SUITE102
City-State-Zip:	WELLINGTON FL 33414

Title	MANAGER
Name	COPPOLA , TONY
Address	12012 SOUTH SHORE BLVD. SUITE102
City-State-Zip:	WELLINGTON FL 33414

Title	MANAGER
Name	SMITH, CHARLES
Address	12012 SOUTH SHORE BLVD. SUITE102
City-State-Zip:	WELLINGTON FL 33414

Title	MANAGER
Name	RUDOLPH, STEVEN
Address	12012 SOUTH SHORE BLVD. SUITE102
City-State-Zip:	WELLINGTON FL 33414

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: ROBERT PUETZ**CEO****05/26/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date