

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000005579

**FILED**  
**Jan 17, 2020**  
**Secretary of State**  
**0313291429CC**

**Entity Name:** ESL PARTNERSHIP LLC

**Current Principal Place of Business:**

10930 SPRING STREET  
LARGO, FL 33774

**Current Mailing Address:**

10930 SPRING STREET  
LARGO, FL 33774 US

**FEI Number:** 46-4487126

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPIRO J. VERRAS, P.A.  
31640 US HWY 19 N  
SUITE 4  
PALM HARBOR, FL 34684 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	MGRM	Title	MGRM
Name	GREGSON, TIMOTHY	Name	GREGSON, ELIZABETH B
Address	10930 SPRING STREET	Address	10930 SPRING STREET
City-State-Zip:	LARGO FL 33774	City-State-Zip:	LARGO FL 33774

Title            AUTHORIZED REPRESENTATIVE  
Name            SPIRO J. VERRAS, P.A.  
Address        31640 US HWY 19 N  
                  SUITE 4  
City-State-Zip: PALM HARBOR FL 34684

*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:** TIMOTHY E GREGSON

**MANAGING MEMEBER**

**01/17/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date