

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000043777

Entity Name: TEAMIBX LLC**Current Principal Place of Business:**435 15TH AVENUE NE
SAINT PETERSBURG, FL 33704**Current Mailing Address:**204 37TH AVE NORTH
SAINT PETERSBURG, FL 33704 US**FEI Number:** 46-5134572**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VOLPE, DON
204 37TH AVE NORTH
SUITE 315
SAINT PETERSBURG, FL 33704 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:** DON VOLPE

06/17/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PARTNER
Name	VOLPE, DON
Address	435 15TH AVENUE NE
City-State-Zip:	SAINT PETERSBURG FL 33704

Title	AMBR
Name	IDEAL HEALTH STRATEGIES
Address	15050 ELDERBERRY LANE STE 6-9
City-State-Zip:	FORT MYERS FL 33907

Title	AMBR
Name	CAMBRIA BENEFITS GROUP, LLC
Address	13014 N DALE MABRY HWY STE 808
City-State-Zip:	TAMPA FL 33618

Title	AMBR
Name	TROY ROSS RENTERPRISES, LLC
Address	8045 METCALF AVENUE #230
City-State-Zip:	OVERLAND PARK KS 66204

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: DON VOLPE

PARTNER

06/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date