

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000133049

**Entity Name:** B PLUS E FL LLC

**Current Principal Place of Business:**

501 E. KENNEDY BLVD.  
SUITE 1400  
TAMPA, FL 33602

**Current Mailing Address:**

PO BOX 5676  
TAMPA, FL 33675 US

**FEI Number:** 83-1456595

**Certificate of Status Desired:** No

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

RENSHAW, CAMILLE  
501 E. KENNEDY BLVD.  
SUITE 1400  
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

**Authorized Person(s) Detail :**

|                 |                                    |                 |                                    |
|-----------------|------------------------------------|-----------------|------------------------------------|
| Title           | MGR                                | Title           | MGR                                |
| Name            | B PLUS E LLC                       | Name            | RENSHAW, CAMILLE                   |
| Address         | 501 E. KENNEDY BLVD.<br>SUITE 1400 | Address         | 501 E. KENNEDY BLVD.<br>SUITE 1400 |
| City-State-Zip: | TAMPA FL 33602                     | City-State-Zip: | TAMPA FL 33602                     |

*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:** CAMILLE RENSHAW

**MGR**

**04/05/2023**

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

\_\_\_\_\_  
Date