

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000154595

Entity Name: WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, PLLC**Current Principal Place of Business:**200 S ORANGE AVE
SARASOTA, FL 34236**Current Mailing Address:**200 S ORANGE AVE
SARASOTA, FL 34236 US**FEI Number:** 20-2953387**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CROSS STREET CORPORATE SERVICES, LLC
200 S ORANGE AVE
SARASOTA, FL 34236 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
Name GREGORIA, RIC
Address 200 S ORANGE AVE
City-State-Zip: SARASOTA FL 34236

Title MGR
Name WILSON, MICHAEL J
Address 200 S ORANGE AVE
City-State-Zip: SARASOTA FL 34236

Title MGR
Name FRANO, ROSE-ANNE B
Address 200 S ORANGE AVE
City-State-Zip: SARASOTA FL 34236

Title MGR
Name SEIDER, WILLIAM M
Address 200 S ORANGE AVE
City-State-Zip: SARASOTA FL 34236

Title MGR
Name MCCLAUGHLIN, THOMAS J
Address 200 S ORANGE AVE
City-State-Zip: SARASOTA FL 34236

Title P
Name GREGORIA, RIC
Address 200 S ORANGE AVE
City-State-Zip: SARASOTA FL 34236

Title VPT
Name WILSON, MICHAEL J
Address 200 S ORANGE AVE
City-State-Zip: SARASOTA FL 34236

Title VP
Name FRANO, ROSE-ANNE B
Address 200 S ORANGE AVE
City-State-Zip: SARASOTA FL 34236

Continues on page 2

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: MICHAEL J. WILSON**MGR & VPT****01/18/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Authorized Person(s) Detail Continued :

Title S
Name BUSTARD, R. DAVID
Address 200 S ORANGE AVE
City-State-Zip: SARASOTA FL 34236

Title VP
Name SEIDER, WILLIAM M
Address 200 S ORANGE AVE
City-State-Zip: SARASOTA FL 34236

Title VPAS
Name MCLAUGHLIN, THOMAS J
Address 200 S ORANGE AVE
City-State-Zip: SARASOTA FL 34236