

**2020 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****03/23/2020**

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