

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000335717

**Entity Name:** W.P.T DO IT ALL SERVICES LLC**Current Principal Place of Business:**2857 NW 7TH COURT  
FORT LAUDERDALE, FL 33311**Current Mailing Address:**2857 NW 7TH COURT  
FORT LAUDERDALE, FL 33311**FEI Number:** 85-3766135**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELUETT, LARRY E  
2857 NW 7TH COURT  
FORT LAUDERDALE, FL 33311 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            HIRING MANAGER/DRIVER  
Name            ELUETT, LARRY E  
Address        2857 NW 7TH COURT  
City-State-Zip: FORT LAUDERDALE FL 33311

Title            OPERATION MANAGER/DRIVER  
Name            ELUETT, DARRYL  
Address        2857 NW 7TH COURT  
City-State-Zip: FORT LAUDERDALE FL 33311

Title            SECRETARY  
Name            ELUETT, DESTINY E  
Address        7710 SW 8 COURT  
City-State-Zip: N LAUDERDALE FL 33068

Title            DRIVER  
Name            NOEL, TREVON  
Address        7710 SW 8 COURT  
City-State-Zip: N LAUDERDALE FL 33068

Title            HUMAN RESOURCES  
MANAGER/DRIVER  
Name            NOEL, JESIKA  
Address        7710 SW 8 COURT  
City-State-Zip: N LAUDERDALE FL 33068

Title            DISPATCH MANAGER  
Name            ELUETT, KIERRA  
Address        2857 NW 7TH COURT  
City-State-Zip: FORT LAUDERDALE FL 33311

Title            SUPERVISOR  
Name            ELUETT, EDWARD G  
Address        7710 SW 8 COURT  
City-State-Zip: N LAUDERDALE FL 33068

*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:** LARRY ELUETT**MANAGER****04/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date