2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2025
Secretary of State
7402116492CC

DOCUMENT# L23000264482

Entity Name: PARTPAL LLC

Current Principal Place of Business:

3419 MARLINSPIKE DR
TAMPA, FL 33607

Current Mailing Address:

3419 MARLINSPIKE DR
TAMPA, FL 33607 US

FEI Number: 93-1678263

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEBENEDETTO, SALVATOR R
3419 MARLINSPIKE DR
TAMPA, FL 33607 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	MBR
Name	MARKS, AIDEN
Address	23606 N SANCTUARY CLUB DR
City-State-Zip:	KILDEER IL 60047

Title	COO
Name	DEBENEDETTO, SALVATOR R
Address	3419 MARLINSPIKE DR
City-State-Zip:	TAMPA FL 33607

Title	VP, ACCOUNTING
Name	MORGAN, EVAN D
Address	21 CAMDEN ST, APT 2114
City-State-Zip:	SCARBOROUGH ME 04074

Title	VP, FINANCE
Name	THIELKE, MORGAN P
Address	1909 W NORTH A ST
City-State-Zip:	TAMPA FL 33606

Title	CEO
Name	CASCIO, OWEN M
Address	3419 MARLINSPIKE DR
City-State-Zip:	TAMPA FL 33607

Title	MBR
Name	MARKS, GERALD A
Address	511 WEST CLEVELAND ST, UNIT 714
City-State-Zip:	TAMPA FL 33606

Title	VP, CUSTOMER SUCCESS
Name	NUNEZ, NOEL S
Address	3125 W ARCH ST
City-State-Zip:	TAMPA FL 33607

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: SALVATOR DEBENEDETTO COO 04/24/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date