

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000270209

**Entity Name:** IBI TEAMS LLC

**Current Principal Place of Business:**

2409 W NORTH A STREET  
UNIT 2  
TAMPA, FL 33609

**FILED**  
**Apr 12, 2023**  
**Secretary of State**  
**7156741098CC**

**Current Mailing Address:**

2409 W NORTH A STREET  
UNIT 2  
TAMPA, FL 33609 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GOMEZ BERET, HORACIO  
7160 102ND LN  
SEMINOLE, FL 33772 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 AMBR  
Name DRIUSSI, CLAUDIA M  
Address 2409 W NORTH A STREET  
UNIT 2  
City-State-Zip: TAMPA FL 33609

Title AMBR  
Name TESSAROLO, MIGUEL A  
Address 2409 W NORTH A STREET  
UNIT 2  
City-State-Zip: TAMPA FL 33609

Title AMBR  
Name TESSAROLO, ALMERY M  
Address 2409 W NORTH A STREET  
UNIT 2  
City-State-Zip: TAMPA FL 33609

Title AMBR  
Name TESSAROLO, NINA M  
Address 2409 W NORTH A STREET  
UNIT 2  
City-State-Zip: TAMPA FL 33609

*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:** ALMERY TESSAROLO

AMBR

04/12/2023

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

\_\_\_\_\_  
Date