2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000045130

Entity Name: TSPFL HOLDING, L.L.C.

Current Principal Place of Business:

100 SECOND AVENUE NORTH ST. PETERSBURG. FL 33701

Current Mailing Address:

701 POYDRAS STREET

ATTN: KYNA N. SMITH SUITE 3000 NEW ORLEANS, LA 70139 US

FEI Number: 27-0194657 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Address

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **AUTHORIZED MEMBER** Title MANAGER

Name HANCOCK WHITNEY BANK DUFFY, STEPHEN P. Name

Address 2510 14TH STREET Address 701 POYDRAS STREET

SUITE 3000 GULFPORT MS 39501 City-State-Zip:

NEW ORLEANS LA 70139 City-State-Zip:

Title MANAGER Title ASST. SECRETARY

EXNICIOS, JOSEPH S. Name Name SMITH, KYNA N

701 POYDRAS STREET 701 POYDRAS STREET Address **SUITE 3400**

SUITE 3000 NEW ORLEANS LA 70139

City-State-Zip: City-State-Zip: NEW ORLEANS LA 70139

Title ASST. SECRETARY Title ASST. SECRETARY Name AYRES, ANIKO M. Name LOUPE, PATRICIA K

701 POYDRAS STREET Address Address 701 POYDRAS STREET

SUITE 3000 SUITE 3400

City-State-Zip: NEW ORLEANS LA 70139 City-State-Zip: NEW ORLEANS LA 70139

Title CORPORATE TAX OFFICER

Name LEW, BONNIE

701 POYDRAS STREET Address

SUITE 1500

City-State-Zip: NEW ORLEANS LA 70139

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.

04/29/2021 SIGNATURE: KYNA SMITH ASST SECRETARY

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 29, 2021

Secretary of State

1190267122CC