

**2022 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name HANCOCK WHITNEY BANK  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title MANAGER  
Name EXNICIOS, JOSEPH S.  
Address 701 POYDRAS STREET  
SUITE 3400  
City-State-Zip: NEW ORLEANS LA 70139

Title ASST. SECRETARY  
Name AYRES, ANIKO M.  
Address 701 POYDRAS STREET  
SUITE 3000  
City-State-Zip: NEW ORLEANS LA 70139

Title CORPORATE TAX OFFICER  
Name LEW, BONNIE  
Address 701 POYDRAS STREET  
SUITE 1500  
City-State-Zip: NEW ORLEANS LA 70139

Title MANAGER  
Name DUFFY, STEPHEN P.  
Address 701 POYDRAS STREET  
SUITE 3000  
City-State-Zip: NEW ORLEANS LA 70139

Title ASST. SECRETARY  
Name SMITH, KYNA N  
Address 701 POYDRAS STREET  
SUITE 3000  
City-State-Zip: NEW ORLEANS LA 70139

Title ASST. SECRETARY  
Name LOUPE, PATRICIA K  
Address 701 POYDRAS STREET  
SUITE 3400  
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.*

**SIGNATURE:** KYNA N SMITH**ASST SECRETARY****04/28/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date