

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000045135

Entity Name: TSPFL-RK HOLDING, L.L.C.**Current Principal Place of Business:**100 SECOND AVENUE NORTH
ST. PETERSBURG, FL 33701**Current Mailing Address:**228 ST. CHARLES AVENUE, SUITE626
ATTN: TERESA LYGATE
NEW ORLEANS, LA 70130 US**FEI Number:** 27-0194716**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 WHITNEY BANK
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

Title MANAGER
Name LINDSEY, E. DALE JR.
Address 228 ST. CHARLES AVENUE
City-State-Zip: NEW ORLEANS LA 70130

Title MANAGER
Name EXNICIOS, JOSEPH S.
Address 228 ST. CHARLES AVENUE
EXECUTIVE OFFICES
City-State-Zip: NEW ORLEANS LA 70130

Title MANAGER
Name DUFFY, STEPHEN P.
Address 228 ST. CHARLES AVENUE
City-State-Zip: NEW ORLEANS LA 70130

Title ASST. SECRETARY
Name LYGATE, TERESA Z.
Address 228 ST. CHARLES AVENUE
SUITE 626
City-State-Zip: NEW ORLEANS LA 70130

Title MANAGER
Name DUBOS, LOUIS R.
Address 228 ST. CHARLES AVENUE
City-State-Zip: NEW ORLEANS LA 70130

Title COMPANY TAX OFFICER
Name LESTELLE, ELIZABETH M.
Address 228 ST. CHARLES AVENUE
City-State-Zip: NEW ORLEANS LA 70130

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: TERESA Z. LYGATE**ASSISTANT COMPANY
SECRETARY****04/15/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date