

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000045139

**Entity Name:** TSPFL-RSS HOLDING, L.L.C.

**Current Principal Place of Business:**

100 SECOND AVENUE NORTH  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

228 ST. CHARLES AVENUE, SUITE 626  
ATTN: TERESA LYGATE  
NEW ORLEANS, LA 70130 US

**FEI Number:** 27-0194467

**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	Title	MANAGER
Name	WHITNEY BANK	Name	LINDSEY, E. DALE JR.
Address	2510 14TH STREET	Address	228 ST. CHARLES AVENUE
City-State-Zip:	GULFPORT MS 39501	City-State-Zip:	NEW ORLEANS LA 70130
Title	MANAGER	Title	ASST. SECRETARY
Name	EXNICIOS, JOSEPH S.	Name	LYGATE, TERESA Z.
Address	228 ST. CHARLES AVENUE EXECUTIVE OFFICES	Address	228 ST. CHARLES AVENUE SUITE 626
City-State-Zip:	NEW ORLEANS LA 70130	City-State-Zip:	NEW ORLEANS LA 70130
Title	MANAGER	Title	COMPANY TAX OFFICER
Name	DUBOS, LOUIS R.	Name	LESTELLE, ELIZABETH M.
Address	228 ST. CHARLES AVENUE	Address	228 ST. CHARLES AVENUE
City-State-Zip:	NEW ORLEANS LA 70130	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

**ASST. SECRETARY**

**04/20/2015**

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

\_\_\_\_\_  
Date