

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000061048

**Entity Name:** TNM DELRAY LLC

**Current Principal Place of Business:**

1 HODGE KIN HILL ROAD  
PORTLAND, CT 06480

**Current Mailing Address:**

1 HODGE KIN HILL ROAD  
PORTLAND, CT 06480 US

**FEI Number:** 27-0499168

**Certificate of Status Desired:** No

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

COMORA, SUZANNE  
1006 CASUARINA ROAD  
3  
DELRAY BEACH, FL 33483 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	MGR	Title	MGR
Name	LAMORE, S JAMES	Name	LAMORE, LINDA M
Address	1 HODGE KIN HILL ROAD	Address	1 HODGE KIN HILL ROAD
City-State-Zip:	PORTLAND CT 06480	City-State-Zip:	PORTLAND CT 06480

*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:** S JAMES LAMORE

**MANAGER**

**02/17/2014**

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

\_\_\_\_\_  
Date