

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000033387

Entity Name: UNF TSI INVESTMENTS, LLC**Current Principal Place of Business:**1 UNF DRIVE, BUILDING 53, STE. 2750
JACKSONVILLE, FL 32224**Current Mailing Address:**1 UNF DRIVE, BUILDING 53, STE. 2750
JACKSONVILLE, FL 32224 US**FEI Number:** 59-1982921**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BENNETT, SCOTT
1 UNF DRIVE, BUILDING 53, STE. 2200
JACKSONVILLE, FL 32224 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:** SCOTT BENNETT

02/24/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name BENNETT, SCOTT
Address 1 UNF DRIVE, UNF HALL, SUITE 2200
City-State-Zip: JACKSONVILLE FL 32224

Title SECRETARY
Name STONE, KAREN
Address 1 UNF DRIVE
 BLDG 53, SUITE 2750
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name PATEL, NIKUL
Address 1 UNF DRIVE
 BLDG 53, SUITE 2750
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name NICHOLS, TERESA
Address 1 UNF DRIVE
 BLDG. 53, SUITE 2750
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name MARINATOS, ANTHONY
Address 1 UNF DRIVE
 BLDG 53, SUITE 2750
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name RUSSELL, E LANNY
Address 1 UNF DRIVE
 BLDG 53, SUITE 2750
City-State-Zip: JACKSONVILLE FL 32224

Title VP
Name DUNCAN, HEATHER
Address 1 UNF DRIVE
 BLDG 53, SUITE 2750
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name PATTERSON, KAREN
Address 1 UNF DRIVE
 BLDG 53, SUITE 2750
City-State-Zip: JACKSONVILLE FL 32224

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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: BENNETT, SCOTT

PRESIDENT

02/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title DIRECTOR
Name PEASE, ISABEL
Address 1 UNF DRIVE
BLDG 63, SUITE 2750
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name WYNN, RICHMOND
Address I UNF DRIVE
BLDG 53, SUITE 2750
City-State-Zip: JACKSONVILLE FL 32224