

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000058081

Entity Name: TT OF SMYRNA BEACH, LLC**Current Principal Place of Business:**2375 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**505 SOUTH FLAGLER DR.
SUITE 1400
WEST PALM BEACH, FL 33401 US**FEI Number:** 46-0857658**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MANAGER
Name	TAYLOR, TERRY
Address	505 SOUTH FLAGLER DR. SUITE 1400
City-State-Zip:	WEST PALM BEACH FL 33401

Title	SECRETARY
Name	CERA, NANCY
Address	505 SOUTH FLAGLER DR. SUITE 1400
City-State-Zip:	WEST PALM BEACH FL 33401

Title	ASST. SECRETARY
Name	TERRY, STEPHEN
Address	505 SOUTH FLAGLER DR. SUITE 1400
City-State-Zip:	WEST PALM BEACH FL 33401

Title	MEMBER
Name	KIEL, JEREMY
Address	2375 STATE ROAD 44
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	MEMBER
Name	TT OF NEW SMYRNA, LLC
Address	505 SOUTH FLAGLER DR. SUITE 1400
City-State-Zip:	WEST PALM BEACH FL 33401

Title	ASST. SECRETARY
Name	MAINGOT, DAPHNE
Address	505 SOUTH FLAGLER DR. SUITE 1400
City-State-Zip:	WEST PALM BEACH FL 33401

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: NANCY CERA**SECRETARY****04/22/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date