

**2023 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, PRESIDENT  
Name TAYLOR, TERRY  
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 SECRETARY  
Name OYTSEY, ALINA  
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:** ALINA OYTSEY**SECRETARY****03/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date