

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000182941

Entity Name: TT OF NFS, LLC**Current Principal Place of Business:**505 S FLAGLER DR STE 1400
WEST PALM BEACH, FL 33401**Current Mailing Address:**505 S FLAGLER DR STE 1400
WEST PALM BEACH, FL 33401 US**FEI Number:** 83-1769690**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 AMBR
Name TAYLOR, TERRY
Address 505 S FLAGLER DR STE 1400
City-State-Zip: WEST PALM BEACH FL 33401

Title AMBR
Name JOFFE, MATT
Address 505 S FLAGLER DR STE 1400
City-State-Zip: WEST PALM BEACH FL 33401

Title AMBR
Name MODIST, MATT
Address 505 S FLAGLER DR STE 1400
City-State-Zip: WEST PALM BEACH FL 33401

Title AMBR
Name TERRY, STEVE
Address 505 S FLAGLER DR STE 1400
City-State-Zip: WEST PALM BEACH FL 33401

Title AMBR
Name THOMAS, ROBERT
Address 505 S FLAGLER DR STE 1400
City-State-Zip: WEST PALM BEACH FL 33401

Title AMBR
Name TAYLOR, LANE
Address 505 S FLAGLER DR STE 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: MATTHEW JOFFE

AMBR

02/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date