

**2021 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:** MATT JOFFE

**SECRETARY**

01/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date