

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000293494

**Entity Name:** TORTICITY, LLC

**Current Principal Place of Business:**

2300 GLADES ROAD  
SUITE 400E  
BOCA RATON, FL 33431

**Current Mailing Address:**

2300 GLADES ROAD  
SUITE 400E  
BOCA RATON, FL 33431 US

**FEI Number:** 84-3945317

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GY CORPORATE SERVICES, INC.  
777 S FLAGLER DR STE 500E  
WEST PALM BEACH, FL 33401 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, MANAGING DIRECTOR  
Name           EVANS, THOMAS R.  
Address        2300 GLADES ROAD  
                  SUITE 400E  
City-State-Zip: BOCA RATON FL 33431

Title           MANAGER  
Name           MIKLES, LEE E.  
Address        2300 GLADES ROAD  
                  SUITE 400E  
City-State-Zip: BOCA RATON FL 33431

Title           MANAGER  
Name           DAKOLIAS, DEAN  
Address        2300 GLADES ROAD  
                  SUITE 400E  
City-State-Zip: BOCA RATON FL 33431

Title           MANAGER  
Name           SHRIBMAN, DAN  
Address        2300 GLADES ROAD  
                  SUITE 400E  
City-State-Zip: BOCA RATON FL 33431

Title           CEO  
Name           BLAIN, SHANE  
Address        2300 GLADES ROAD  
                  SUITE 400E  
City-State-Zip: BOCA RATON FL 33431

*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:** /S/ THOMAS R. EVANS

**MANAGER**

**04/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date