

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000257590

**Entity Name:** 16979 TTS, LLC

**Current Principal Place of Business:**

7978 COOPER CREEK BLVD.  
UNIVERSITY PARK, FL 34201

**Current Mailing Address:**

7978 COOPER CREEK BLVD.  
UNIVERSITY PARK, FL 34201 US

**FEI Number:** 85-2901157

**Certificate of Status Desired:** No

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

GAYTON, ALICIA H  
7978 COOPER CREEK BLVD.  
UNIVERSITY PARK, FL 34201 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           BALDAUF, DAVID H  
Address        7978 COOPER CREEK BLVD.  
City-State-Zip: UNIVERSITY PARK FL 34201

Title           MANAGER  
Name           BENDERSON, SHAUN A  
Address        7978 COOPER CREEK BLVD.  
City-State-Zip: UNIVERSITY PARK FL 34201

Title           MANAGER  
Name           SCALIONE, STEPHEN C  
Address        7978 COOPER CREEK BLVD.  
City-State-Zip: UNIVERSITY PARK FL 34201

*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:** DAVID H BALDAUF

MANAGER

04/27/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date