

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000259699

**Entity Name:** TP TALLAHASSEE, LLC

**Current Principal Place of Business:**

1925 N. MONROE ST.  
SUITE 109  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

4170 ASHFORD DUNWOODY RD NE  
SUITE 390  
BROOKHAVEN, GA 30319 US

**FEI Number:** 87-1561800

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           | AR                                | Title           | AUTHORIZED REPRESENTATIVE             |
| Name            | TP OPPORTUNITY GROUP, LLC         | Name            | MORRIS, ROBERT                        |
| Address         | 4170 ASHFORD DUNWOODY RD; STE 390 | Address         | 4170 ASHFORD DUNWOODY RD NE SUITE 390 |
| City-State-Zip: | ATLANTA GA 30319                  | City-State-Zip: | BROOKHAVEN GA 30319                   |

*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: KIMBERLY REEVES**

**ORGANIZER**

**03/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date