

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000310834

**Entity Name:** HFP TA, LLC

**Current Principal Place of Business:**

C/O HEALTHCARE FUNDING PARTNERS, LLC  
2255 GLADES ROAD, SUITE 324A  
BOCA RATON, FL 33431

**Current Mailing Address:**

C/O HEALTHCARE FUNDING PARTNERS, LLC  
2255 GLADES ROAD, SUITE 324A  
BOCA RATON, FL 33431 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

COMITER, SINGER, BASEMAN & BRAUN, LLP  
3825 PGA BOULEVARD  
SUITE 701  
PALM BEACH GARDENS, FL 33410 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 MGR  
Name HEALTHCARE FUNDING PARTNERS,  
LLC  
Address 11856 FOXBRIAR LAKE TRAIL  
City-State-Zip: BOYNTON BEACH FL 33473

*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:** HEALTHCARE FUNDING PARTNERS, LLC

**MANAGER**

**04/05/2024**

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

\_\_\_\_\_  
Date