

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000317088

**Entity Name:** 3TMSLIP, LLC

**Current Principal Place of Business:**

1000 BRICKELL AVE.  
SUITE 300  
MIAMI, FL 33131

**Current Mailing Address:**

1000 BRICKELL AVE.  
SUITE 300  
MIAMI, FL 33131 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

AGI REGISTERED AGENTS, INC.  
1000 BRICKELL AVE.  
SUITE 300  
MIAMI, FL 33131 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 TORRADO MARTINEZ, COSME ALBERTO  
Address 1000 BRICKELL AVE., SUITE 300  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name TORRADO MARTINEZ, ALBERTO  
Address 1000 BRICKELL AVE., SUITE 300  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name TORRADO MARTINEZ, ARMANDO  
Address 1000 BRICKELL AVE., SUITE 300  
City-State-Zip: MIAMI FL 33131

*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:** TORRADO MARTINEZ COSME ALBERTO

**MANAGER**

**01/06/2023**

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

\_\_\_\_\_  
Date