

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000509443

**FILED**  
**Jan 11, 2022**  
**Secretary of State**  
**6238136223CC**

**Entity Name:** TAF INTERNATIONAL LLC

**Current Principal Place of Business:**

9858 CLINT MOORE ROAD  
SUITE C111-261  
BOCA RATON, FL 33496

**Current Mailing Address:**

9858 CLINT MOORE ROAD  
SUITE C111-261  
BOCA RATON, FL 33496 US

**FEI Number:** 87-3777828

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N  
SUITE 300  
ST. PETERSBURG, FL 33702 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	Title	AMBR
Name	TIMOTHY, FRAILLY	Name	ANNA, FRAILLY
Address	9858 CLINT MOORE RD, SUITE C111-261	Address	9858 CLINT MOORE RD, SUITE C111-261
City-State-Zip:	BOCA RATON FL 33496	City-State-Zip:	BOCA RATON FL 33496
Title	AMBR		
Name	FARZANEH, MOVAFFAGH		
Address	9858 CLINT MOORE RD, SUITE C111-261		
City-State-Zip:	BOCA RATON FL 33496		

*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:** TIMOTHY M FRAILLY

**MANAGER**

**01/11/2022**

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