

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000262400

**Entity Name:** TS1M LLC

**Current Principal Place of Business:**

1150 NW 72 AVE  
SUITE 425  
MIAMI, FL 33126

**Current Mailing Address:**

1150 NW 72 AVE  
SUITE 425  
MIAMI, FL 33126

**FEI Number:** 93-1665042

**Certificate of Status Desired:** No

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

BC ACCOUNTING LLC  
1150 NW 72 AVE  
SUITE 425  
MIAMI, FL 33126 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 AMBR  
Name PENA MORENO, MARIA C  
Address 1150 NW 72 AVE SUITE 425  
City-State-Zip: MIAMI FL 33126

Title AMBR  
Name MORENO BEJARANO, MARIA C  
Address 1150 NW 72 AVE SUITE 425  
City-State-Zip: MIAMI FL 33126

Title AMBR  
Name PENA MORENO, JULIANA  
Address 1150 NW 72 AVE SUITE 425  
City-State-Zip: MIAMI FL 33126

Title AMBR  
Name PENA, JUAN C  
Address 1150 NW 72 AVE SUITE 425  
City-State-Zip: MIAMI FL 33126

*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:** MARIA C PENA MORENO

AMBR

04/02/2024

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

\_\_\_\_\_  
Date