

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001845

Entity Name: TMPARTNERS-FL, PLLC

Current Principal Place of Business:

211 FRANKLIN ROAD
SUITE 200
BRENTWOOD, TN 37027

Current Mailing Address:

211 FRANKLIN ROAD
SUITE 200
BRENTWOOD, TN 37027 US

FEI Number: 62-1014185

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: NATALIE LEIBA-PAUL

02/20/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name HART, LAWRENCE R.
Address 211 FRANKLIN ROAD
SUITE 200
City-State-Zip: BRENTWOOD TN 37027

Title MGRM
Name ROWLAND, MARC S.
Address 211 FRANKLIN ROAD
SUITE 200
City-State-Zip: BRENTWOOD TN 37027

Title MGRM
Name STREET, JOHN A. JR.
Address 211 FRANKLIN ROAD
SUITE 200
City-State-Zip: BRENTWOOD TN 37027

Title MGRM
Name COLEMAN, CURTIS
Address 211 FRANKLIN ROAD
SUITE 200
City-State-Zip: BRENTWOOD TN 37027

Title MANAGING MEMBER
Name ZWICKEL, REID
Address 211 FRANKLIN ROAD
SUITE 200
City-State-Zip: BRENTWOOD TN 37027

Title MANAGING MEMBER
Name UNDERWOOD, ANDREW
Address 211 FRANKLIN ROAD
SUITE 200
City-State-Zip: BRENTWOOD TN 37027

Title MANAGING MEMBER
Name CATALANO, ANTHONY
Address 8131 LAKEWOOD MAIN STREET
SUITE 202
City-State-Zip: LAKEWOOD RANCH FL 34202

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: MARC S. ROWLAND, AIA, ACHA

MEMBER

02/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date