

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000001773

Entity Name: TFRI 2013-1 LLC

Current Principal Place of Business:

4960 CONFERENCE WAY NORTH, SUITE 100
BOCA RATON, FL 33431

Current Mailing Address:

4960 CONFERENCE WAY NORTH, SUITE 100
BOCA RATON, FL 33431

FEI Number: 46-2237180

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 US

FILED
Apr 22, 2020
Secretary of State
0110740484CC

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, VP, TREASURER
Name PULEO, ANTHONY M
Address 4960 CONFERENCE WAY NORTH,
SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title VP
Name GILL, EVERETT
Address 4960 CONFERENCE WAY NORTH,
SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title MANAGER
Name HARRISON, BRIAN T
Address 2711 CENTERVILLE RD., STE. 400
City-State-Zip: WILMINGTON DE 19808

Title VP
Name WARDAK, AHMAD
Address 4960 CONFERENCE WAY NORTH,
SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title VP
Name HUMPHREY, PAUL
Address 4960 CONFERENCE WAY NORTH,
SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title VP/S
Name DE LA OSA, JORGE
Address 4960 CONFERENCE WAY NORTH,
SUITE 100
City-State-Zip: BOCA RATON FL 33431

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: JORGE DE LA OSA

**SECRETARY, BY ANA
MANZANO, ATTORNEY-
IN-FACT**

04/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date