

**2015 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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 PULEO, ANTHONY M  
Address 4960 CONFERENCE WAY NORTH,  
SUITE 100  
City-State-Zip: BOCA RATON FL 33431

Title MGR  
Name HERZ, ALLAN J  
Address 4960 CONFERENCE WAY NORTH,  
SUITE 100  
City-State-Zip: BOCA RATON FL 33431

Title MGR  
Name KAMINER, MICHAEL D  
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

*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:** MICHAEL KAMINER

**MANAGER**

**04/09/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date