

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400004403

**Entity Name:** TAMPA PREMIUM OUTLETS, LLC

**Current Principal Place of Business:**

225 W. WASHINGTON ST.  
INDIANAPOLIS, IN 46204

**FILED**  
**Apr 12, 2023**  
**Secretary of State**  
**3845657904CC**

**Current Mailing Address:**

C/O CORPORATE PARALEGAL  
225 W. WASHINGTON ST, P.O. BOX 7033  
INDIANAPOLIS, IN 46207-7033

**FEI Number: 27-5555509**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MBR  
Name SIMON PROPERTY GROUP, L.P.  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name BROAS, MATTHEW J  
Address 225 W. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY  
Name FIVEL, STEVEN E.  
Address 225 W WASHINGTON ST  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name MCDADE, BRIAN  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name RULLI, JOHN  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title COO AND EVP  
Name SILVESTRI, MARK  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title COB  
Name SIMON, DAVID  
Address 225 W. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. SECRETARY  
Name KELLY, KEVIN M  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

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*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: THERESA MCCLURE**

**AUTHORIZED REP.**

**04/12/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name THYGESEN, MIKAEL  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER  
Name FREY, DONALD G  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204