## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000059850 Entity Name: TFLI (US), INC.

**Current Principal Place of Business:** 

7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702

**Current Mailing Address:** 

7901 4TH ST N STE 300

ST. PETERSBURG, FL 33702 US

FEI Number: 86-1879202 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702 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

**FILED** Feb 06, 2024

**Secretary of State** 

1209406632CC

Officer/Director Detail:

#1016

Title **PRESIDENT** Title **SECRETARY** BOWERS, ADAM JONES, PETER Name Name

1200 BRICKELL AVENUE SUITE 1950 Address 1200 BRICKELL AVENUE SUITE 1950 Address

#1016

#1016

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title **TREASURER** Title **DIRECTOR** Name JONES, PETER Name ENTWISTLE, NIK

1200 BRICKELL AVENUE SUITE 1950 1200 BRICKELL AVENUE SUITE 1950 Address Address

#1016

MIAMI FL 33131 City-State-Zip: MIAMI FL 33131 City-State-Zip:

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADAM BOWERS **PRESIDENT**