

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S94558

**Entity Name:** TL APARTMENTS, INC.

**Current Principal Place of Business:**

20283 STATE ROAD 7  
STE 300  
BOCA RATON, FL 33498

**Current Mailing Address:**

20283 STATE ROAD 7  
STE 300  
BOCA RATON, FL 33498 US

**FEI Number:** 65-0315291

**Certificate of Status Desired:** No

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

JONATHAN J. LICHTMAN, P.A.  
20283 STATE RD. 7  
SUITE 300  
BOCA RATON, FL 33498 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

**Officer/Director Detail :**

Title DP  
Name LICHTMAN, JONATHAN J  
Address 20283 STATE ROAD 7, SUITE 300  
City-State-Zip: BOCA RATON FL 33498

Title DVPS  
Name NASS, ROBERT A  
Address 905 BISCAYNE BLVD., #2  
City-State-Zip: DELAND FL 32724

*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:** JONATHAN J. LICHTMAN

**DIRECTOR**

**04/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date