2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2016
Secretary of State
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Entity Name: TCP FLORIDA, LLC

Current Principal Place of Business:

3715 NORTHSIDE PARKWAY
BUILDING 200, SUITE 500
ATLANTA, GA 30327

Current Mailing Address:

3715 NORTHSIDE PARKWAY
BUILDING 200, SUITE 500
ATLANTA, GA 30327 US

FEI Number: 20-8362575

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	MANAGER
Name	BODEN, WILLIAM A.
Address	3715 NORTHSIDE PARKWAY BUILDING 200, SUITE 500
City-State-Zip:	ATLANTA GA 30327

Title	MANAGER
Name	SHAPIRO, JOEL B.
Address	3715 NORTHSIDE PARKWAY BUILDING 200, SUITE 500
City-State-Zip:	ATLANTA GA 30327

Title	MANAGER
Name	ZELL, DAVID
Address	3715 NORTHSIDE PARKWAY BUILDING 200, SUITE 500
City-State-Zip:	ATLANTA GA 30327

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: JOEL B. SHAPIRO MANAGER 04/07/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date