

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000122262

**Entity Name:** TOWER COLLATERAL SOLUTIONS, LLC

**Current Principal Place of Business:**

11419 W PALMETTO PARK RD  
SUITE 612  
BOCA RATON, FL 33497

**Current Mailing Address:**

11419 W PALMETTO PARK RD  
SUITE 612  
BOCA RATON, FL 33497 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

GREER, DOUGLAS E  
11419 W PALMETTO PARK RD  
SUITE 612  
BOCA RATON, FL 33497 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 MGRM  
Name GREER, DOUGLAS  
Address 11419 W PALMETTO PARK RD  
SUITE 612  
City-State-Zip: BOCA RATON FL 33497

*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: DOUGLAS GREER**

**MGRM**

**01/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date