**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 11, 2017**
**Secretary of State**
**CC5690527383**

DOCUMENT# L14000053956

**Entity Name:** TMS ALTIS 901 LLC

**Current Principal Place of Business:**

5100 NW 33RD AVE., SUITE 247
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

5100 NW 33RD AVE., SUITE 247
FORT LAUDERDALE, FL 33309 US

**FEI Number: 47-1166846**

**Certificate of Status Desired:** No

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

LAPIERRE, REJEAN
5100 NW 33RD AVE., SUITE 247
FORT LAUDERDALE, FL 33309 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 | MGR | Title | MGR |
| Name | GUERRA, FRANK | Name | SUAREZ, ALBERTO J |
| Address | 901 PONCE DE LEON BLVD 401 | Address | 901 PONCE DE LEON BLVD 401 |
| City-State-Zip: | CORAL GABLES FL 33134 | City-State-Zip: | CORAL GABLES FL 33134 |
| Title | MGR | Title | MGR |
| Name | THIBAULT, BERNARD | Name | DE REPENTIGNY, JOSEE |
| Address | 7491 W OAKLAND PARK BLVD SUITE 306 | Address | 7491 W OAKLAND PARK BLVD SUITE 306 |
| City-State-Zip: | LAUDERHILL FL 33319 | City-State-Zip: | LAUDERHILL FL 33319 |
| Title | MGR | | |
| Name | LAPIERRE, REJEAN | | |
| Address | 7491 W OAKLAND PARK BLVD SUITE 306 | | |
| City-State-Zip: | LAUDERHILL FL 33319 | | |

*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: FRANK GUERRA MANAGER 01/11/2017

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