

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000043624

**Entity Name:** TLNA, LLC

**Current Principal Place of Business:**

100 SOUTH ASHLEY DRIVE  
WELLS FARGO CENTRE SUITE 1160  
TAMPA, FL 33602

**Current Mailing Address:**

100 SOUTH ASHLEY DRIVE  
WELLS FARGO CENTRE SUITE 1160  
TAMPA, FL 33602 US

**FEI Number:** 82-0667757

**Certificate of Status Desired:** Yes

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

KAPLAN, GRANT  
7100 WEST CAMINO REAL  
SUITE 100  
BOCA RATON, FL 33433 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 MMBR  
Name VILLIERS SURTEES, ANTHONY D  
Address 100 SOUTH ASHLEY DRIVE  
WELLS FARGO CENTRE SUITE 1160  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name MATTEN, GULSHAN W  
Address 100 SOUTH ASHLEY DRIVE  
WELLS FARGO CENTRE SUITE 1160  
City-State-Zip: TAMPA FL 33602

*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:** ANTHONY DAVID VILLIERS SURTEES

MR

01/09/2018

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

\_\_\_\_\_  
Date