

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000251585

**Entity Name:** 3401-2608 MIDTOWN LLC

**Current Principal Place of Business:**

C/O TENEO (CAYMAN) LIMITED  
GROUND FL, HARBOUR PL 103 S. CHURCH ST, PO BOX 10245  
GEORGE TOWN, GRAND CAYMAN KY1-1106

**Current Mailing Address:**

C/O TENEO (CAYMAN) LIMITED  
GROUND FL, HARBOUR PL 103 S. CHURCH ST, PO BOX 10245  
GEORGE TOWN, GRAND CAYMAN KY1-1106 KY

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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  
Name PREMIER ASSURANCE GROUP SPC LTD.  
Address C/O TENEO (CAYMAN) LIMITED  
GROUND FL, HARBOUR PL 103 S.  
CHURCH ST, PO BOX 10245  
City-State-Zip: GEORGE TOWN GRAND CAYMAN  
KY1-1106

*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:** PREMIER ASSURANCE GROUP SPC LTD.

MGR

03/24/2023

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

\_\_\_\_\_ Date