

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000184787

**Entity Name:** TOC GROUP LLC

**Current Principal Place of Business:**

505 SOUTH FLAGLER DRIVE  
SUITE 900  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

C/O CDL FAMILY OFFICES  
505 S FLAGLER DRIVE SUITE 900  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 35-2670054

**Certificate of Status Desired:** No

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

BRUNO, CHRISTIAN S ESQ.  
200 S BISCAYNE BLVD.  
SUITE 3000  
MIAMI, FL 33131 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           WOLFE, SAMUEL N  
Address        C/O CDL FAMILY OFFICES  
                  505 S FLAGLER DRIVE SUITE 900  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** SAMUEL WOLFE

**MANAGER**

**03/26/2021**

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

\_\_\_\_\_  
Date