

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001764

Entity Name: TIAA MIAMI INTERNATIONAL MALL, LLC

Current Principal Place of Business:

730 THIRD AVENUE
NEW YORK, NY 10017

Current Mailing Address:

730 THIRD AVENUE
NEW YORK, NY 10017 US

FEI Number: 04-3687177

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 MANAGER
Name REDICAN, ROBERT J
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title MANAGER
Name MCGIBBON, GORDON CHRISTOPHER
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name RAMOS, JANET
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name COHEN, DONNA
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name CORNUKE, JOHN
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name JOSEPH, JILLIAN
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name MILLER, NANCY
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name MILLER, WILLIAM
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

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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: WAYNE A. AGARD

SECRETARY

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name ROLLINS, TODD
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name NEGRON, PATRICIA
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name INOA-MONJE, CAROLYN
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title MEMBER
Name TEACHERS INSURANCE AND ANNUITY
ASSOCIATION OF AMERICA
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE
Name WEINDLING, FRANCESCA
Address 575 LEXINGTON AVE
City-State-Zip: NEW YORK NY 10022

Title SECRETARY
Name AGARD, WAYNE
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

Title MANAGER
Name TRIPP, CARLY
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017