## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002222

Entity Name: TLF (ORLANDO), LLC

**Current Principal Place of Business:** 

4 EMBARCADERO CENTER

**SUITE 3300** 

SAN FRANCISCO, CA 94111

**Current Mailing Address:** 

4 EMBARCADERO CENTER

**SUITE 3300** 

SAN FRANCISCO, CA 94111 US

FEI Number: 27-0280537 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 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

**FILED** Apr 02, 2024

**Secretary of State** 

8111405483CC

Authorized Person(s) Detail:

Title **MANAGER** Title **TREASURER** 

Name TLF LOGISTICS, LLC Name STAGGS, BREANNA

Address 4 EMBARCADERO CENTER Address 4 EMBARCADERO CENTER **SUITE 3300** 

**SUITE 3300** 

SAN FRANCISCO CA 94111 SAN FRANCISCO CA 94111 City-State-Zip: City-State-Zip:

Title Title

JEHLE, ALBERT J. WEAVER, DANIEL S. Name Name

4 EMBARCADERO CENTER 4 EMBARCADERO CENTER Address Address

**SUITE 3300 SUITE 3300** 

SAN FRANCISCO CA 94111 SAN FRANCISCO CA 94111 City-State-Zip: City-State-Zip:

Title ٧P Title **PRESIDENT** AFSHANI, DARIK Name Name RASO, SOL A.

4 EMBARCADERO CENTER 4 EMBARCADERO CENTER Address Address

**SUITE 3300 SUITE 3300** 

SAN FRANCISCO CA 94111 City-State-Zip: City-State-Zip: SAN FRANCISCO CA 94111

Title VΡ Title

Name CHU, ANNA Name JERRY, MATTHEW P.

4 EMBARCADERO CENTER 4 EMBARCADERO CENTER Address Address

> **SUITE 3300 SUITE 3300**

SAN FRANCISCO CA 94111 City-State-Zip: SAN FRANCISCO CA 94111 City-State-Zip:

## Continues on page 2

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.

04/02/2024 SIGNATURE: BREANNA STAGGS TREASURER

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **Authorized Person(s) Detail Continued:**

Title CONTROLLER

Name BEKKER, JACQUELINE

Address 4 EMBARCADERO CENTER

SUITE 3300

City-State-Zip: SAN FRANCISCO CA 94111

Title VP

Name DOLAN, KEVIN

Address 4 EMBARCADERO CENTER

**SUITE 3300** 

City-State-Zip: SAN FRANCISCO CA 94111

Title SECRETARY

Name BEKKER, JACQUELINE

Address 4 EMBARCADERO CENTER

SUITE 3300

City-State-Zip: SAN FRANCISCO CA 94111