2018 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M14000007124

Entity Name: T-C THE MANOR LLC

Current Principal Place of Business:

730 THIRD AVENUE MS: 730/12/02

NEW YORK, NY 10017

Current Mailing Address:

730 THIRD AVENUE MS: 730/12/02

NEW YORK, NY 10017 US

FEI Number: 47-1992102 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:

Address

Address

Electronic Signature of Registered Agent

Date

FILED

Nov 07, 2018

Secretary of State CC8139687449

Authorized Person(s) Detail:

MEMBER Title AUTHORIZED REPRESENTATIVE

PIERRE-MERRITT, MARJORIE TEACHERS INSURANCE AND Name Name ANNUITY ASSOCIATION OF AMERICA

Address 730 THIRD AVENUE FOR THE BENEFIT OF THE REAL

ESTATE ACCOUNT NEW YORK NY 10017 City-State-Zip:

730 THIRD AVENUE Address

730 THIRD AVENUE

Title AUTHORIZED REPRESENTATIVE NEW YORK NY 10017 City-State-Zip:

BAIR, SHARON Name Title AUTHORIZED REPRESENTATIVE

730 THIRD AVENUE Address Name

ACOSTA, JANET City-State-Zip: NEW YORK NY 10017

730 THIRD AVENUE Address

Title **AUTHORIZED REPRESENTATIVE** City-State-Zip: NEW YORK NY 10017

Name

COHEN, DONNA

Title **AUTHORIZED REPRESENTATIVE** Address 730 THIRD AVENUE

Name CIFELLI, NICHOLAS City-State-Zip: NEW YORK NY 10017

AUTHORIZED REPRESENTATIVE Title City-State-Zip: NEW YORK NY 10017

Name FISK. MICHAEL

Title **AUTHORIZED REPRESENTATIVE** 730 THIRD AVENUE Address

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

Continues on page 2 City-State-Zip: NEW YORK NY 10017

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.

11/07/2018 SIGNATURE: MARTINA DAVIS SECRETARY

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title AUTHORIZED REPRESENTATIVE

Name GIRALDO, RANDY
Address 730 THIRD AVENUE
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Title AUTHORIZED REPRESENTATIVE

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Title AUTHORIZED REPRESENTATIVE

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Name WEINDLING, FRANCESCA

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Title AUTHORIZED SIGNER
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Address 501 BRICKELL KEY DRIVE

SUITE 504

City-State-Zip: MIAMI FL 33131