## **2019 FOREIGN LIMITED LIABILITY COMPANY 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

**FILED** Feb 09, 2019 **Secretary of State** 7205248647CC

## **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

Authorized Person(s) Detail:

730 THIRD AVENUE

Title **MEMBER** Title AUTHORIZED REPRESENTATIVE

Name TEACHERS INSURANCE AND Name PIERRE-MERRITT. MARJORIE

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

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

Name BAIR, SHARON Title AUTHORIZED REPRESENTATIVE

730 THIRD AVENUE Address ACOSTA, JANET Name

City-State-Zip: NEW YORK NY 10017 Address 730 THIRD AVENUE

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

Name COHEN, DONNA **AUTHORIZED REPRESENTATIVE** Title 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 Address 730 THIRD AVENUE

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

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

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.

02/09/2019 SIGNATURE: MARTINA DAVIS SECRETARY

Authorized Person(s) Detail Continued:

Title AUTHORIZED REPRESENTATIVE

Name GIRALDO, RANDY
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