

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400007124

Entity Name: T-C THE MANOR LLC

Current Principal Place of Business:

730 THIRD AVENUE
MS: 730/12/02
NEW YORK, NY 10017

FILED
May 01, 2017
Secretary of State
CC2058034044

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA FOR THE BENEFIT OF THE REAL ESTATE ACCOUNT
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

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

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

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

Title ASST. SECRETARY, AUTHORIZED REPRESENTATIVE
Name PIERRE-MERRITT, MARJORIE
Address 730 THIRD AVENUE
City-State-Zip: NEW YORK NY 10017

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

Title AUTHORIZED REPRESENTATIVE
Name CANTU, NICOLE
Address 730 THIRD AVENUE
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Title AUTHORIZED REPRESENTATIVE
Name CIFELLI, NICHOLAS
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: MARJORIE PIERRE-MERRITT

ASST. SECRETARY

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name COHEN, DONNA
Address 730 THIRD AVENUE
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Title AUTHORIZED REPRESENTATIVE
Name FISK, MICHAEL
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Title AUTHORIZED REPRESENTATIVE
Name HANCOCK, ALEXANDER
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Name JENKINS, JAMIN
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Name MARTIN, MANUEL
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Title AUTHORIZED REPRESENTATIVE
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