

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000008835

Entity Name: TB ALL FEES GP LLC**Current Principal Place of Business:**19501 BISCAYNE BOULEVARD
SUITE 400
AVENTURA, FL 33180**Current Mailing Address:**19501 BISCAYNE BOULEVARD
SUITE 400
AVENTURA, FL 33180 US**FEI Number:** 81-4304636**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
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:** PETER F. SOUZA, ASSISTANT SECRETARY

06/18/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER
Name	SOFFER, JACQUELYN R.
Address	19501 BISCAYNE BOULEVARD SUITE 400
City-State-Zip:	AVENTURA FL 33180

Title	AUTHORIZED REPRESENTATIVE
Name	ROMINE, MARIO A
Address	19501 BISCAYNE BOULEVARD SUITE 400
City-State-Zip:	AVENTURA FL 33180

Title	SECRETARY, AUTHORIZED REPRESENTATIVE
Name	MERALI, ALY-KHAN
Address	19501 BISCAYNE BOULEVARD SUITE 400
City-State-Zip:	AVENTURA FL 33180

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: MARIO A. ROMINE**AUTHORIZED
REPRESENTATIVE**

06/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date