

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000008112

**Entity Name:** TCD 227 MASTER LESSEE SUMMIT LLC

**Current Principal Place of Business:**

600 NORTHLAKE BLVD.  
SUITE 130  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

600 NORTHLAKE BLVD.  
SUITE 130  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 87-1091993

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 4  
TALLAHASSEE, FL 32301 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:** PATRICIA FARRELL

02/13/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           RIJNBOUT, ERIK  
Address        27TH FLOOR TWO INTERNATIONAL  
                  PLACE  
City-State-Zip: BOSTON MA 02110

Title           MANAGER  
Name           SCOTTON, NANCY  
Address        27TH FLOOR TWO INTERNATIONAL  
                  PLACE  
City-State-Zip: BOSTON MA 02110

Title           MANAGER  
Name           MERRIGAN, PETER  
Address        27TH FLOOR TWO INTERNATIONAL  
                  PLACE  
City-State-Zip: BOSTON MA 02110

*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:** NANCY SCOTTON

MANAGER

02/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date