

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000008116

**Entity Name:** TCD 225 MASTER LESSEE LEGENDS 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:** 87-1209433

**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

04/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

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

Title AUTHORIZED REPRESENTATIVE  
Name LACKEY, VICTORIA  
Address 600 NORTHLAKE BLVD.  
SUITE 130  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date