

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000008116

**Entity Name:** TCD 225 MASTER LESSEE LEGENDS LLC

**Current Principal Place of Business:**

610 N. WYMORE ROAD  
SUITE 200  
MAITLAND, FL 32751

**Current Mailing Address:**

610 N. WYMORE ROAD  
SUITE 200  
MAITLAND, FL 32751 US

**FEI Number:** 87-1209433

**Certificate of Status Desired:** No

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

LACKEY, VICTORIA  
610 N. WYMORE ROAD, SUITE 200  
MAITLAND, FL 32751 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	MGR	Title	MGR
Name	MERRIGAN, PETER	Name	RIJNBOUT, ERIC
Address	TWO INTERNATIONAL PLACE, SUITE 2710	Address	TWO INTERNATIONAL PLACE, SUITE 2710
City-State-Zip:	BOSTON MA 02110	City-State-Zip:	BOSTON MA 02110
Title	MGR		
Name	SCOTTON, NANCY		
Address	TWO INTERNATIONAL PLACE, SUITE 2710		
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**

**03/22/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date