

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000238094

Entity Name: TMW FLORIDA LLC**Current Principal Place of Business:**4839 SW 148 AVENUE
SUITE 606
DAVIE, FL 33330**Current Mailing Address:**4839 SW 148 AVENUE
SUITE 606
DAVIE, FL 33330 US**FEI Number:** 83-2137201**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

| | |
|-----------------|------------------------------------|
| Title | MGR |
| Name | RALPH, JAMES |
| Address | 401 E LAS OLAS BLVD, SUITE 130-120 |
| City-State-Zip: | FT. LAUDERDALE FL 33301 |

| | |
|-----------------|--------------------------------------|
| Title | AUTHORIZED MEMBER |
| Name | KILLORAN, KEVIN |
| Address | 401 E LAS OLAS BLVD SUITE 130-120 |
| City-State-Zip: | FT. LAUDERDALE FL 33301 |

| | |
|-----------------|--------------------------------------|
| Title | AUTHORIZED MEMBER |
| Name | DIPASQUALE, CHRIS |
| Address | 401 E LAS OLAS BLVD SUITE 130-120 |
| City-State-Zip: | FT. LAUDERDALE FL 33301 |

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: JAMES RALPH

CEO

02/12/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date