

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000004920

**Entity Name:** TD 2255 SECOFFEE LLC**Current Principal Place of Business:**4601 PONCE DE LEON BLVD, #290  
CORAL GABLES, FL 33146**Current Mailing Address:**4601 PONCE DE LEON BLVD, #290  
CORAL GABLES, FL 33146 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOFFMAN, JON  
4601 PONCE DE LEON BLVD, #290  
CORAL GABLES, FL 33146 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	HOFFMAN, JON
Address	4601 PONCE DE LEON BLVD, #290
City-State-Zip:	CORAL GABLES FL 33146

Title	MGR
Name	BILLSKOOG, DAVID
Address	4601 PONCE DE LEON BLVD, #290
City-State-Zip:	CORAL GABLES FL 33146

Title	MGR
Name	WOLFSDORF, JACK
Address	4601 PONCE DE LEON BLVD, #290
City-State-Zip:	CORAL GABLES FL 33146

*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:** JON HOFFMAN

MANAGER

03/21/2023

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