

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000012453

**Entity Name:** TF OPCO HOLDING, LLC

**Current Principal Place of Business:**

90 SOUTH SEVENTH STREET  
#3700  
MINNEAPOLIS, MN 55402

**Current Mailing Address:**

90 SOUTH SEVENTH STREET  
#3700  
MINNEAPOLIS, MN 55402 US

**FEI Number:** 87-2382359

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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           MANAGER  
Name           BRASS, JASON  
Address        90 SOUTH SEVENTH STREET  
                  #3700  
City-State-Zip: MINNEAPOLIS MN 55402

Title           MANAGER  
Name           TOMASHEK, ANDREW  
Address        90 SOUTH SEVENTH STREET  
                  #3700  
City-State-Zip: MINNEAPOLIS MN 55402

Title           MANAGER  
Name           CORNELL, CHAD  
Address        90 SOUTH SEVENTH STREET  
                  #3700  
City-State-Zip: MINNEAPOLIS MN 55402

Title           MANAGER  
Name           SHAHNAZARIAN, NOEL  
Address        90 SOUTH SEVENTH STREET  
                  #3700  
City-State-Zip: MINNEAPOLIS MN 55402

Title           MANAGER  
Name           FETTERS, TIMOTHY  
Address        90 SOUTH SEVENTH STREET  
                  #3700  
City-State-Zip: MINNEAPOLIS MN 55402

Title           MANAGER  
Name           RICHTER, PETER  
Address        90 SOUTH SEVENTH STREET  
                  #3700  
City-State-Zip: MINNEAPOLIS MN 55402

*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:** JASON BRASS

**MANAGER**

**02/23/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date