

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000022979

1. Entity Name
T.C.K. INVESTMENTS, L.L.C.



Principal Place of Business
1625 NORTH COMMERCE PARKWAY
SUITE NO., 315
WESTON, FL 33326 US

Mailing Address
1625 NORTH COMMERCE PARKWAY
SUITE NO., 315
WESTON, FL 33326 US

FILED
Mar 19, 2007 08:00 AM
Secretary of State



03062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0913471

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARRERO, JOSE C ESQ.
1820 N. CORPORATE LAKES BLVD.,
SUITE NO., 105
WESTON, FL 33326

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ALBACETE, ALFONSO
STREET ADDRESS 1625 NORTH COMMERCE PARKWAY, #315
CITY-ST-ZIP WESTON, FL 33326

TITLE MGRM
NAME LOMBARDI, VINCENZO
STREET ADDRESS 1625 NORTH COMMERCE PARKWAY, #315
CITY-ST-ZIP WESTON, FL 33326

TITLE MGRM
NAME MARTINEZ, CIRO
STREET ADDRESS 1625 NORTH COMMERCE PARKWAY, #315
CITY-ST-ZIP WESTON, FL 33326

TITLE
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CITY-ST-ZIP

U00000672463
03/28/07-80070-014 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Alfonso Albacete

03/19/07

954-389-6161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #