

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034491

Entity Name: TCML, LLC**Current Principal Place of Business:**7701 SW 78 STREET
MIAMI, FL 33143**Current Mailing Address:**7701 SW 78 STREET
MIAMI, FL 33143**FEI Number:** 20-0885715**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TRILLES, JORGE
7701 S.W. 78TH STREET
MIAMI, FL 33143 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 MGRM
Name CABRERA, JUAN
Address 7765 SW 75 AVE
City-State-Zip: MIAMI FL 33143

Title MGRM
Name CABRERA, VICTORIA
Address 7765 SW 75 AVENUE
City-State-Zip: MIAMI FL 33143

Title MGRM
Name TRILLES, JORGE
Address 7701 SW 78TH STREET
City-State-Zip: MIAMI FL 33143

Title MGRM
Name TRILLES, CLAUDIA
Address 7701 SW 78TH STREET
City-State-Zip: MIAMI FL 33143

Title MGRM
Name CRUZ, VICTOR
Address 15103 TATENSHALL TRAIL
City-State-Zip: SOUTHWEST RANCHES FL 33331

Title MGRM
Name CRUZ, LOURDES
Address 15103 TATENSHALL TRAIL
City-State-Zip: SOUTHWEST RANCHES FL 33331

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: CLAUDIA TRILLES

MGRM

03/14/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date