

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000183022

**Entity Name:** TK PROFESSIONAL CONSULTING GROUP, LLC

**Current Principal Place of Business:**

3014 GARDENS BLVD.  
NAPLES, FL 34105

**Current Mailing Address:**

3014 GARDENS BLVD.  
NAPLES, FL 34105 US

**FEI Number:** 81-3999811

**Certificate of Status Desired:** Yes

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

FOSTER, STEPHEN R  
3014 GARDENS BLVD.  
NAPLES, FL 34105 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            AMBR  
Name            TARWATER, MICHAEL L  
Address         3014 GARDENS BLVD.  
City-State-Zip: NAPLES FL 34105

Title            AMBR  
Name            KEARNS, JARED Z  
Address         3120 INDIAN POINT RD.  
City-State-Zip: SAUGATUCK MI 49453

Title            AMBR  
Name            FOSTER, STEPHEN R  
Address         3014 GARDENS BLVD.  
City-State-Zip: NAPLES FL 34105

Title            AMBR  
Name            CRAYS, JEFF  
Address         4260 WOODSTREAM DRIVE  
City-State-Zip: YPSILANTI MI 48197

*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:** STEPHEN R FOSTER

AMBR

04/12/2017

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

\_\_\_\_\_  
Date