## **2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000761

Entity Name: T GROUP SERVICES, LLC

**Current Principal Place of Business:** 

17895 COLLINS AVENUE

SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:** 

17895 COLLINS AVENUE

SUNNY ISLES BEACH. FL 33160 US

FEI Number: 26-1961361 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

FILED Jun 25, 2020

**Secretary of State** 

7412892116CC

Authorized Person(s) Detail :

TitleMANAGERTitleAUTHORIZED MEMBERNameTG CO MANAGEMENT, INCNameTG HOLDINGS, LLC

Address 17895 COLLINS AVENUE Address 17895 COLLINS AVENUE

City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160

 Title
 EXECUTIVE VICE PRESIDENT
 Title
 ASST VICE PRESIDENT

 Name
 HIRSCH, MARK S
 Name
 TORPEY, CARITE L

Address 17895 COLLINS AVENUE Address 17895 COLLINS AVENUE

City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP, MGRD Title SVP, CFO

Name ROBERTSON, JOHNATHAN Name SHMUELI, OREN

Address 17895 COLLINS AVENUE Address 17895 COLLINS AVENUE

City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TREASURER Title CONTROLLER
Name GARCIA, ANDRES Name WEINFELD, GARY

Address 17780 COLLINS AVENUE Address 17780 COLLINS AVENUE 2ND FLOOR

2ND FLOOR 2ND FLOO

City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160

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: CARITE L. TORPEY AVP 06/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date