

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0800000761

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

Authorized Person(s) Detail :

Title MANAGER
Name TG CO MANAGEMENT, INC
Address 17895 COLLINS AVENUE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AUTHORIZED MEMBER
Name TG HOLDINGS, LLC
Address 17895 COLLINS AVENUE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EXECUTIVE VICE PRESIDENT
Name HIRSCH, MARK S
Address 17895 COLLINS AVENUE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SVP, CFO
Name SHMUELI, OREN
Address 17895 COLLINS AVENUE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TREASURER
Name GARCIA, ANDRES
Address 17895 COLLINS AVENUE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title CONTROLLER
Name GARCIA, JAIR
Address 17895 COLLINS AVENUE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title ASSOC GENERAL COUNCIL, ASST.
 SECRETARY
Name CAMPOS, JERRY
Address 17895 COLLINS AVENUE
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: ANDRES GARCIA

TREASURER

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date