

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000000388

**Entity Name:** TG DEVELOPMENT II, LLC**Current Principal Place of Business:**17895 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**17895 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160 US**FEI Number:** 46-1600792**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 MEMBER  
Name TG RESERVE, LLC  
Address 17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

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

Title EVP, ASST. SECRETARY  
Name LIEB, JAMES  
Address 17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title A-VP, ASST. SECRETARY, ASST. TREASURER  
Name TORPEY, CARITE  
Address 17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MANAGER  
Name T2 COS MANAGEMENT, INC  
Address 17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP  
Name HIRSCH, MARK S  
Address 17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP, MANAGING DIRECTOR  
Name ROBERTSON, JOHNATHAN  
Address 17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

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

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*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

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

|                 |                            |
|-----------------|----------------------------|
| Title           | CONTROLLER                 |
| Name            | WEINFELD, GARY             |
| Address         | 17895 COLLINS AVE          |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160 |