

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000008606

Entity Name: TCAG, LLC.

**FILED**  
**Apr 24, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1313 PONCE DE LEON BLVD  
SUITE 201  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1313 PONCE DE LEON BLVD  
SUITE 201  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-1123134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARLADE, ALBERTO J  
C/O PARLADE & FIGUERAS  
7050 S.W. 86 AVENUE  
MIAMI, FL 33143 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CARRO, RAQUEL  
Address: 13003 ZAMBRANA ST.  
City-St-Zip: CORAL GABLE, FL 33156

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RAQUEL CARRO

MGR

04/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date