

6/12

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

06-12-2002 90095 001 ****55.00

DOCUMENT # L01000009248

1. Entity Name

T.F. SYSTEMS L.L.C. ✓

DO NOT WRITE IN THIS SPACE

96710

2. Principal Place of Business

2001 EAST TREASURE DRIVE

3. Mailing Address

291 BAL BAY DRIVE

Suite, Apt. #, etc.

2311

Suite, Apt. #, etc.

101

City & State

M.I.A.M., FL

City & State

M.I.A.M., FL

4. FEI Number

651133587

Applied For

Not Applicable

Zip

33141

Country

U.S.A.

Zip

33154

Country

U.S.A.

5. Certificate of Status Desired ☒\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
FAUSTO ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)

2828 CORAL WAY SUITE 300

City M.I.A.M.,

FL

Zip Code
33145

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IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

06/06/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

MANAGING MEMBER
AMADEO QUIROGA
291 BAL BAY DR #101
M.I.A.M., FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E083B (12/01)

11: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

AMADEO QUIROGA

06/06/02 (205) 993-5490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #