

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90016 011 ****50.00

DOCUMENT # L02000001885

1. Entity Name

T.G Investments,Llc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11019 Ledgemont Lane

Suite, Apt. #, etc.

3. Mailing Address

2419 Runyon Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Windermere- Florida

City & State
Orlando-Florida

4. FEI Number 03-0383306

Applied For
Not Applicable

Zip
34786

Country
USA

Zip
32837

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Salvador A. Termini

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

11019 Ledgemont Lane

City Windermere

FL

Zip Code
34786

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

MGRM-Salvador A. Termini

03/05/2003

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

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
Constructora Termini S.A.
Via La Cruz Km-1 Cotersa Maturin
Estado Maricao, Venezuela

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

03/05/2003 (407)240-4836

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

Date

Daytime Phone #

CR2E083B (12/02)