

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90023 003 \*\*\*\*50.00

**DOCUMENT # L03000003347**

1. Entity Name

TGG DEVELOPMENT, LLC



Principal Place of Business

~~4412 ENDICOTT PLACE~~  
~~TAMPA FL 33624~~

Mailing Address

~~13014 N. DALE MABRY HWY~~  
~~SUITE 330~~  
~~TAMPA FL 33618~~



2. Principal Place of Business

3630 W. Kennedy Blvd.

3. Mailing Address

3630 W. Kennedy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

65-1194192

Applied For

Not Applicable

Zip

33609

Country

Zip

33609

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GENTILE, MICHAEL L

~~4412 ENDICOTT PLACE~~  
~~TAMPA FL 33624~~

Name

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

3630 W. Kennedy Blvd.

City

Tampa

FL

Zip Code

33609

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

*Michael Gentile* Michael Gentile, MGRM

3/30/06

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

(NOTE: Registered Agent signature required when recertifying)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME THE GENITILE GROUP, LLC  
STREET ADDRESS ~~13014 NORTH DALE MABRY HWY, SUITE 330~~  
CITY-ST-ZIP TAMPA FL 33618

TITLE MGRM ☒ Change ☐ Addition  
NAME The Gentile Group, LLC  
STREET ADDRESS 3630 W. Kennedy Blvd.  
CITY-ST-ZIP Tampa, FL 33609

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Michael Gentile* Michael L. Gentile, MGRM

3/30/06

813-505-3584

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

Date

Daytime Phone #