



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90091 015 ****50.00

DOCUMENT # L03000052175 1. Entity Name TCR SOLUTIONS, LLC					
Principal Place of Business 3460 W. 84 STREET SUITE 104 HIALEAH, FL 33018 US			Mailing Address 3460 W. 84 STREET SUITE 104 HIALEAH, FL 33018 US		
2. Principal Place of Business 1163 CHEVILLE CIRCLE Suite, Apt. #, etc.		3. Mailing Address 1163 CHEVILLE CIRCLE Suite, Apt. #, etc.		20027589 	
City & State WESTON, FL		City & State WESTON, FL		4. FEI Number 20-0498139	
Zip 33327		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, JUAN 3460 W. 84 STREET, SUITE 104 HIALEAH, FL 33018				7. Name and Address of New Registered Agent Name TORRES, JUAN Street Address (P.O. Box Number is Not Acceptable) 1163 CHEVILLE CIRCLE City WESTON FL Zip Code 33327	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERTORELLI-MORENO, ALFREDO 3460 W. 84 STREET, SUITE 104 HIALEAH, FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. BERTORELLI-MORENO, ALFREDO 1163 CHEVILLE CIRCLE WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERTORELLI-GUERRA, ALFREDO 3460 W. 84 STREET, SUITE 104 HIALEAH, FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. BERTORELLI-GUERRA, ALFREDO 1163 CHEVILLE CIRCLE WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALARCON, ANIBAL 3460 W. 84 STREET, SUITE 104 WESTON, FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. ALARCON, ANIBAL 1163 CHEVILLE CIRCLE WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPIGA, FRANKLIN 3460 W. 84 STREET, SUITE 104 WESTON, FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPIGA, FRANKLIN 1163 CHEVILLE CIRCLE WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, TEODORO 3460 W. 84 STREET, SUITE 104 HIALEAH, FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. PEREZ, TEODORO 1163 CHEVILLE CIRCLE WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPIGA, CARLOS 3460 W. 84 STREET, SUITE 104 HIALEAH, FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPIGA, CARLOS 1163 CHEVILLE CIRCLE WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____			Date 03/31/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # **L03000052175**

1. Entity Name
TCR SOLUTIONS, LLC



ATTACHMENT

Principal Place of Business
**1163 CHEVILLE CIRCLE
WESTON, FL 33327**

Mailing Address
**1163 CHEVILLE CIRCLE
WESTON, FL 33327**

26077589

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

03282005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0498139

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TORRES, JUAN
1163 CHEVILLE CIRCLE
WESTON, FL 33327**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 DATE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$.50.00
After May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MGRM RESTREPO OSWALDO 1163 CHEVILLE CIRCLE WESTON, FL 33327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MGRM MONTANO CEBAR 1163 CHEVILLE CIRCLE WESTON, FL 33327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **03/31/05.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #