

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90344 049 ****50.00

DOCUMENT # L04000009521

1. Entity Name
T.R. GROUP ENTERPRISES, LLC



Principal Place of Business
13715 77TH PLACE NORTH
WEST PALM BEACH, FL 33412

Mailing Address
13715 77TH PLACE NORTH
WEST PALM BEACH, FL 33412

00033802



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2731370

Applied For
Not Applicable

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

DONELON, THOMAS
645 N. FLAGLER DR, STE 300 P
WEST PALM BEACH, FL 33401

Name **DONELON, THOMAS**

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

7711 N. MILITARY TRAIL STE. 203

City **PALM BEACH GARDENS**

FL

Zip Code
33410

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

THOMAS DONELON

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/22/07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RESTREPO, HERNAN ANTONIO
13715 77TH PLACE NORTH
WEST PALM BEACH, FL 33412 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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

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

HERNAN ANTONIO RESTREPO
MEMBER

Date

3/27/07

Daytime Phone #