

FILED
Apr 27, 2007 8:00 am
Secretary of State

03-16-2007 90153 012 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000065178

1. Entity Name
TB CAPITAL GROUP LLC



Principal Place of Business
16840 NE 19 AVE
NORTH MIAMI BEACH, FL 33162 US

Mailing Address
16840 NE 19 AVE
NORTH MIAMI BEACH, FL 33162

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

01262007 Chg-LLC

CR2E083 (12/06)

4. FET Number

N/A

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEN-DAVID, RAN
16840 NE 19 AVE
NORTH MIAMI BEACH, FL 33162

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

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

(NOTE: Registered Agent signature required when releasing)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete
	MGRM	BEN-DAVID, RAN	16840 NE 19 AVE NORTH MIAMI BEACH, FL 33162	☐
	MGRM	COHEN, TAMIR	6150 DE SOTO AVE #325 WOOD LAND, CA 91367	☐
				☐
				☐
				☐
				☐

10. ADDITIONS/CHANGES

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 118, 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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1/26/07

4/23/07