

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90015 040 ***138.75

DOCUMENT # L05000091267

1. Entity Name
TLA INVESTMENTS GROUP, LLC



Principal Place of Business
2210 S.W. 132 AVENUE
MIAMI, FL 33175 11

Mailing Address
2210 S.W. 132 AVENUE
MIAMI, FL 33175 11

DO NOT WRITE IN THIS SPACE

04182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3473797

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALPHIN, THOMAS
2210 S.W. 132 AVENUE
MIAMI, FL 33175

**DO NOT WRITE
IN THIS SPACE**

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ALPHIN, THOMAS L
2210 S.W. 132 AVENUE
MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DIAZ, HUGO
2017 S.W. 131 PLACE COURT
MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #