

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90022 005 ***138.75

DOCUMENT # L05000108496

1. Entity Name
T & V INVESTMENTS, LLC



Principal Place of Business
**7420 SW 49 CT
MIAMI, FL 33143**

Mailing Address
**7420 SW 49 CT
MIAMI, FL 33143**

60036874



2. Principal Place of Business - No P.O. Box #
2665 SO. Bayshore Dr.

3. Mailing Address
2665 So. Bayshore Dr.

Suite, Apt. #, etc.
M-102

Suite, Apt. #, etc.
M-102

04292008 Chg-LLC CR2E083 (12/06)

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number
20-0375237

Applied For
Not Applicable

Zip Country
33133

Zip Country
33133

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIMOND, VIVIAN Z
7420 SW 49 CT
MIAMI, FL 33143**

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 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**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DIMOND, VIVIAN Z
7420 SW 49 CT
MIAMI, FL 33143** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SCHRAGER, TONI L
700 SOLANO PRADO
CORAL GABLES, FL 33156** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
Dimond, virian z
2665 So. Bayshore Dr. M-102
Miami, FL 33133** ☒ Change ☐ Addition

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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☐ 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

Date

Daytime Phone #