


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90071 049 ***138.75

DOCUMENT # L06000093244

1. Entity Name
TCT3, LLC



Principal Place of Business
11200 NW 25TH STREET
SUITE 125
DORAL, FL 33172

Mailing Address
11200 NW 25TH STREET
SUITE 125
DORAL, FL 33172

60007976



2. Principal Place of Business - No P.O. Box #
1835 NW 112 AVE

3. Mailing Address
Suite, Apt. #, etc.
Unit 187

City & State
MIAMI, FL.

Zip
33172

Country
DADE

01292008 Chg-LLC CR2E083 (12/06)

4. FEI Number *20-5588470* Applied For
APPLIED FOR

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

6. Name and Address of Current Registered Agent

DEER, CRAIG R
9100 SOUTH DADELAND BLVD
SUITE 1701
MIAMI, FL 33156

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.

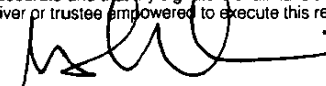
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGM HEDMANN, ANDREW C 11200 NW 25TH STREET SUITE 125 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGM LALANI, NOORDIN 11200 NW 25TH STREET SUITE 125 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

2/6/08 *305-513-0300*
Date Daytime Phone #

EXT 205