## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L07000089120



## FILED Feb 01, 2008 8:00 am Secretary of State

1. Entity Name T.G.A.G. ENTERPRISES, LLC						)	02-01-2008	•	7 ***138.′	75
Principal Plac 7156 SW 47 MIAMI, FL 3.	TH STREET	S	Mailing Address 7156 SW 47TH STREET MIAMI, FL 33155							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01222008	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State			4. FEI Numb	726139	٦	<u> </u>	plied For I Applicable	
Zip	Zip Country		Žip	Country		5. Certificate of Status Desired   \$5.00 Additional Fee Required				
	6. Name	and Address of Current R	legistered Agent			7. Name and Address of New Registered Agent				
DAVAGE	000 0 50				Name					
PAYNE, TO 4000 HOLE HOLLYWO	LYWOOD	BLVD., SUITE 675-S	ОИТН		Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	Đ
	named entititions of regist	y submits this statement for	the purpose of changing its	register	ed office or regist	ered agent, or be	oth, in the State of F		amiliar with,	and accept
SIGNATURE	_	or printed name of registered agent ar	od tille if applicable (NOT	F: Registere	d Agent signature requir	ed 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
				10.			Florid	-	•	9
After May		Fee will be \$538.75		10. TITL	E		Florid	ia Departm	•	e ☐ Addition
After May	y 1, 2008 MGRM	Fee will be \$538.75	RS/MANAGERS	_			Florid	ia Departm	ent of State	
9.	MGRM GUERRE	Fee will be \$538.75  MANAGING MEMBER	RS/MANAGERS	TITLI NAM		3000	Florid	ia Departm	ent of State	
9. TITLE NAME	MGRM GUERRE	Fee will be \$538.75  MANAGING MEMBEF  RO, TULIO D  47TH STREET	RS/MANAGERS	TITL NAM STRI	IE		Florid	ia Departm	ent of State	
9. TITLE NAME STREET ADDRESS	MGRM GUERRE 7156 SW	Fee will be \$538.75  MANAGING MEMBEF  RO, TULIO D  47TH STREET	RS/MANAGERS	TITL NAM STRI	EET ADDRESS - ST-ZIP		Florid	ia Departm	ent of State	
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11. Thereby 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 OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE