

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000021702

**FILED**  
**Aug 24, 2012**  
**Secretary of State**

**Entity Name:** T CAPITAL OF SOUTH FLORIDA LLC

**Current Principal Place of Business:**

120 NE 1ST STREET  
MIAMI, FL 33430

**New Principal Place of Business:**

407 LINCOLN ROAD  
304  
MIAMI, FL 33139

**Current Mailing Address:**

120 NE 1ST STREET  
BELLE GLADE, FL 33430

**New Mailing Address:**

407 LINCOLN ROAD  
304  
MIAMI, FL 33139

**FEI Number:** 27-3220464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORRES, TAMARA  
120 NE 1ST STREET  
BELLE GLADE, FL 33430 US

**Name and Address of New Registered Agent:**

SMALLS, ROBERT T JR  
407 LINCOLN ROAD  
SUITE 304  
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: ROBERT TERELL MBA

08/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SMALLS, ROBERT T JR  
Address: 407 LINCOLN ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM  
Name: TORRES, TAMARA  
Address: 120 NE 1ST STREET  
City-St-Zip: BELLE GLADE, FL 33430

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT TERELL SMALLS JR

MGR

08/24/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date