

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000095496

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Entity Name:** TVO HOLDINGS, LLC

**Current Principal Place of Business:**

2525 PONCE DE LEON BLVD., STE. 1225  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2525 PONCE DE LEON BLVD., SUITE 1225  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2525 PONCE DE LEON BLVD., STE. 1225  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 45-3027746

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BLVD., STE. 1225  
CORAL GABLES, FL 33134 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** FERRI, MARCO  
**Address:** 2525 PONCE DE LEON BLVD., STE. 1225  
**City-St-Zip:** CORAL GABLES, FL 33134

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: MARCO FERRI

MGR

03/09/2012

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