

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

\$55.00

DOCUMENT # **L97000000877**

1. Entity Name
TMG INTERNATIONAL, L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 17 AM 10:00

Principal Place of Business
**3700 W. LAKE HAMILTON DR.
WINTER HAVEN, FL 33881**

Mailing Address
**3700 W. LAKE HAMILTON DR.
WINTER HAVEN, FL 33881**

DO NOT WRITE IN THIS SPACE

06302005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3466224

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PLATI, VINCE
3700 W. LAKE HAMILTON DR.
WINTER HAVEN, FL 33881**

**DO NOT WRITE
IN THIS SPACE**

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

11-15-05

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PLATI, VINCE
3700 W. LAKE HAMILTON DR.
WINTER HAVEN, FL 33881**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PLATI, LARRY
3700 W. LAKE HAMILTON DR.
WINTER HAVEN, FL 33881**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**300061518383
11/17/05--01043--011 **110.00**

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REINSTATED 2005

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11-15-05