

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90103 021 ***138.75

DOCUMENT # L97000000877

1. Entity Name
TMG INTERNATIONAL, L.C.



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

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



01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

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

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #