

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90240 003 ***138.75

DOCUMENT # L99000002730

1. Entity Name

TCGA SERVICES, L.C.



Principal Place of Business

1732 S.W. 99TH PLACE
MIAMI FL 33165-7551

Mailing Address

1732 S.W. 99TH PLACE
MIAMI FL 33165-7551



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

65-0937920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUINA, MARGARITA P ESQ
21ST FLOOR, NEW WORLD TOWER
100 NORTH BISCAYNE BLVD
MIAMI FL 33132-2306

7. Name and Address of New Registered Agent

Name **AGUEDA G. OGAZON**

Street Address (P.O. Box Numbers Not Acceptable)

1732 SW 99th PL

City

MIAMI,

FL

Zip Code

33165

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 renewing)

DATE

filed 3/25/08

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
OGAZON, TOMAS
1732 S.W. 99TH PLACE
MIAMI FL 33165-7551

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
OGAZON, AGUEDA
1732 S.W. 99TH PLACE
MIAMI FL 33165-7551

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TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Agueda G. Ogazon, Managing Member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/17/08

305-223-1144

(30)

Certificate Print #