

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000028544

**FILED**  
**Jan 07, 2015**  
**Secretary of State**  
**CC8674680462**

**Entity Name:** TP INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

2909 S ANDREWS AVE.  
FT. LAUDERDALE, FL 33316

**Current Mailing Address:**

2909 S ANDREWS AVE.  
FT. LAUDERDALE, FL 33316

**FEI Number:** 20-4562303

**Certificate of Status Desired:** No

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

KOLSKI, STEPHEN  
2600 S DOUGLAS ROAD  
SUITE 1003  
CORAL GABLES, FL 33134 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name HAYS, ROBERT T  
Address 2909 SOUTH ANDREWS AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title MGR  
Name DOLLAR, ROBERT J  
Address 2909 SOUTH ANDREWS AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title MGR  
Name DEMARIA, JOSEPH  
Address 2909 SOUTH ANDREWS AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33316

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT T. HAYS

**MANAGING PARTNER**

**01/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date