

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034801

**Entity Name:** TGC LL8, LLC

**Current Principal Place of Business:**

6843 MAIN STREET  
SUITE 200  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

6843 MAIN STREET  
SUITE 200  
MIAMI LAKES, FL 33014

**FEI Number:** 46-2632707

**Certificate of Status Desired:** No

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

WYLLIE, STUART S  
6843 MAIN STREET  
MIAMI LAKES, FL 33014 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           MANAGER  
Name           TEIXEIRA, ANDRE L  
Address        6843 MAIN STREET  
City-State-Zip: MIAMI LAKES FL 33014

Title           MANAGER  
Name           WYLLIE, CAROL G  
Address        6843 MAIN ST  
City-State-Zip: MIAMI LAKES FL 33014

Title           MANAGER  
Name           THOMAS, RUSSELL L  
Address        6843 MAIN ST  
City-State-Zip: MIAMI LAKES FL 33014

Title           MANAGER  
Name           WYLLIE, STUART S  
Address        6843 MAIN ST  
City-State-Zip: MIAMI LAKES FL 33014

Title           MANAGER  
Name           TGC BPW LLC  
Address        6843 MAIN STREET  
                  SUITE 200  
City-State-Zip: MIAMI LAKES FL 33014

*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:** RUSSELL THOMAS

**TREASURER**

**04/10/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date