

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000109683

**Entity Name:** T.A.S. GROUP, LLC

**Current Principal Place of Business:**

900 BISCAYNE BLVD., SUITE O302  
MIAMI, FL 33132

**Current Mailing Address:**

900 BISCAYNE BLVD., SUITE O302  
MIAMI, FL 33132

**FEI Number:** 47-4448596

**Certificate of Status Desired:** No

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

MARTINEZ, ALONSO SR  
19380 COLLINS AVE APT 1507  
SUNNY ISLES, FL 33160 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           | AMBR                       | Title           | AMBR                |
| Name            | MARTINEZ, ALONSO SR        | Name            | SOTO, RAFAEL        |
| Address         | 19380 COLLINS AVE APT 1507 | Address         | 60 SW 13TH APT 2208 |
| City-State-Zip: | MIAMI FL 33160             | City-State-Zip: | MIAMI FL 33130      |

*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:** ALONSO MARTINEZ

**MANAGER**

**04/21/2016**

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

\_\_\_\_\_  
Date