

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000198122

**Entity Name:** TRG MD P.L.L.C.

**Current Principal Place of Business:**

1501 W JACKSON AVE  
SUITE 113 #122  
OXFORD, MS 38655

**Current Mailing Address:**

1501 W JACKSON AVE  
SUITE 113 #122  
OXFORD, MS 38655 US

**FEI Number:** 81-4395724

**Certificate of Status Desired:** No

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

GARRETT, TIFFANI R  
1501 W JACKSON AVE  
SUITE 113 # 122  
OXFORD, FL 38655 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 AR  
Name GARRETT, TIFFANI R  
Address 1501 W JACKSON AVE  
SUITE 113 #122  
City-State-Zip: OXFORD MS 38655

*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:** TIFFANI GARRETT

**MANAGER**

**03/04/2019**

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

\_\_\_\_\_  
Date