

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000198122

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

**Current Principal Place of Business:**

9200 NW 39TH AVE  
SUITE 130-31  
GAINESVILLE, FL 32606

**Current Mailing Address:**

9200 NW 39TH AVE  
SUITE 130-31  
GAINESVILLE, FL 32606

**FEI Number:** 81-4395724

**Certificate of Status Desired:** Yes

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

GARRETT, TIFFANI R  
2109 NW 36TH TERRACE  
GAINESVILLE, FL 32605 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 9200 NW 39TH AVE SUITE 130-31  
City-State-Zip: GAINESVILLE FL 32606

*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

AR

04/17/2017

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

\_\_\_\_\_  
Date