

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000065305

**Entity Name:** TN MCP, LLC

**Current Principal Place of Business:**

15105 NW 77TH AVENUE  
4TH FLOOR  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

PO BOX 402566  
MIAMI BEACH, FL 33140 US

**FEI Number:** 82-0936923

**Certificate of Status Desired:** No

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

WELLS & WELLS, P.A.  
901 PONCE DE LEON BLVD  
200  
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 MGR  
Name GARCIA, CARLOS M  
Address 15105 NW 77TH AVE., 4TH FL  
City-State-Zip: MIAMI LAKES FL 33014

Title MGR  
Name REUS, MANNY  
Address 18501 PINES BLVD., SUITE 359  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** CARLOS GARCIA

**MANAGER**

**03/21/2018**

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

\_\_\_\_\_  
Date