

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1300000290

**Entity Name:** TG DEVELOPMENT I, LLC

**Current Principal Place of Business:**

17780 COLLINS AVENUE  
2ND FLOOR  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17780 COLLINS AVENUE  
2NF FLOOR  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 46-1593063

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 TGD HOLDINGS I, LLC  
Address 17780 COLLINS AVENUE  
2ND FLOOR  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title CFO, VP  
Name SHMUELI, OREN  
Address 17780 COLLINS AVENUE  
2ND FLOOR  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TREASURER, ASST. SECRETARY  
Name LILLYCROP, WILLIAM J  
Address 17780 COLLINS AVENUE  
2ND FLOOR  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP, ASST. SECRETARY  
Name LIEB, JAMES  
Address 17780 COLLINS AVENUE  
2ND FLOOR  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title A-VP, ASST. SECRETARY, ASST. TREASURER  
Name TORPEY, CARITE  
Address 17780 COLLINS AVENUE  
2ND FLOOR  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** WILLIAM J LILLYCROP

**TREASURER**

**02/14/2017**

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

\_\_\_\_\_  
Date