2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1300000388

Entity Name: TG DEVELOPMENT II, LLC

Current Principal Place of Business:

17895 COLLINS AVE SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17895 COLLINS AVE SUNNY ISLES BEACH, FL 33160 US

FEI Number: 46-1600792

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

FILED Apr 28, 2017 Secretary of State CC9518016439

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Title	MEMBER	Title	CFO, VP
Name	TGD HOLDINGS II, LLC	Name	SHMUELI, OREN
Address	17895 COLLINS AVE	Address	17895 COLLINS AVE
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160
Title Name Address City-State-Zip:	TREASURER, ASST. SECRETARY LILLYCROP, WILLIAM J 17895 COLLINS AVE SUNNY ISLES BEACH FL 33160	Title Name Address City-State-Zip:	EVP, ASST. SECRETARY LIEB, JAMES 17895 COLLINS AVE SUNNY ISLES BEACH FL 33160
Title Name Address City-State-Zip:	A-VP, ASST. SECRETARY, ASST. TREASURER TORPEY, CARITE 17895 COLLINS AVE SUNNY ISLES BEACH FL 33160	Title Name Address City-State-Zip:	MANAGER TG CO MANAGEMENT, INC 17895 COLLINS AVE SUNNY ISLES BEACH FL 33160
Title Name Address	EVP HIRSCH, MARK S 17895 COLLINS AVE		

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: CARITE L TORPEY

AVP

04/28/2017

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date