

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 26, 2002 8:00 am**  
**Secretary of State**

09-26-2002 90106 001 \*\*\*\*50.00  
 09-26-2002 90106 002 \*\*\*\*\*5.00

**DOCUMENT # L01000015710**

1. Entity Name

T.L.C., LLC

Principal Place of Business

Mailing Address

10346 PALMBROOKE TERR  
 BRADENTON FL 34201

10346 PALMBROOKE TERR  
 BRADENTON FL 34201

2. Principal Place of Business

3. Mailing Address

6513 14th St. West #139

TLC, LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bradenton, Florida

6513 14th Street West #139

City & State

City & State

Bradenton, FL

Zip

Country

Zip

Country

34243

USA

34202

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1138999

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, TERI  
 10346 PALMBROOKE TERR  
 BRADENTON FL 34201

Name

Teri Jones

Street Address (P.O. Box Number is Not Acceptable)

10346 Palmbrooke Terrace

City

Bradenton

FL

Zip Code

34202

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Teri Jones

*Teri Jones*

9-19-2

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM  
 NAME JONES, TERI  
 STREET ADDRESS 10346 PALMBROOKE TERR  
 CITY-ST-ZIP BRADENTON FL 34201 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM  
 NAME FRANKENFIELD, CORI  
 STREET ADDRESS 615 OWL WAY  
 CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM  
 NAME WEST, LORI  
 STREET ADDRESS 308 CAMPUS DR  
 CITY-ST-ZIP RUSKIN FL 33570 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM  
 NAME FRANKENFIELD, DAVE  
 STREET ADDRESS 615 OWL WAY  
 CITY-ST-ZIP SARASOTA FL 34236 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Teri Jones

9-19-2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)