

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015710

FILED
Apr 23, 2008
Secretary of State

Entity Name: T.L.C., LLC

Current Principal Place of Business:

1739 LAKEWOOD RANCH BLVD., #304
BRADENTON, FL 34211

New Principal Place of Business:

Current Mailing Address:

1739 LAKEWOOD RANCH BLVD., #304
BRADENTON, FL 34211

New Mailing Address:

FEI Number: 65-1138999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, TERI
9980 CHERRY HILLS AVE CIR
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

JONES, TERI
907 RIVIERA DUNES WAY
PALMETTO, FL 34221 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:

04/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JONES, TERI
Address: 9980 CHERRY HILLS AVE CIR
City-St-Zip: BRADENTON, FL 34202

Title: MGRM () Delete
Name: FRANKENFIELD, CORI
Address: 801 RIVIERA DUNES WAY
City-St-Zip: PALMETTO, FL 34221

Title: MGRM () Delete
Name: WEST, LORI
Address: 308 CAMPUS DR
City-St-Zip: RUSKIN, FL 33570

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONES, TERI
Address: 907 RIVIERA DUNES WAY
City-St-Zip: BRADENTON, FL 34221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CORI FRANKENFIELD

VP

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date