

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000045509

**Entity Name:** TCME, L.L.C.

**Current Principal Place of Business:**

22 S. LINKS AVENUE  
SARASOTA, FL 34236

**Current Mailing Address:**

C/O JOHN A. MORAN  
P.O. BOX 3948  
SARASOTA, FL 34230 US

**FEI Number:** 54-2134320

**Certificate of Status Desired:** No

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

MORAN, JOHN AESQ  
22 S. LINKS AVENUE  
SARASOTA, FL 34236 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	RA	Title	MGRM
Name	MORAN, JOHN A	Name	STOCKAMP, KURT T
Address	P.O. BOX 3948	Address	4160 MONTALVO
City-State-Zip:	SARASOTA FL 34230	City-State-Zip:	PENSACOLA FL 32504

*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:** KURT STOCKAMP

**MANAGER**

**02/03/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date