

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000121148

**Entity Name:** TAMCO FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

28100 US HIGHWAY 19 N.  
SUITE 300  
CLEARWATER, FL 33761

**Current Mailing Address:**

28100 US HIGHWAY 19 N.  
SUITE 300  
CLEARWATER, FL 33761 US

**FEI Number:** 26-1546093

**Certificate of Status Desired:** No

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

GOODWIN, JAMES W  
201 NORTH FRANKLIN STREET, STE 2000  
TAMPA, FL 33602 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           MANAGER  
Name           THOMPSON, JACK  
Address        28100 US HIGHWAY 19 N.  
                  SUITE 300  
City-State-Zip: CLEARWATER FL 33761

Title           M, P, S, T  
Name           METZHEISER, PAUL  
Address        28100 US HIGHWAY 19 N.  
                  SUITE 300  
City-State-Zip: CLEARWATER FL 33761

Title           CFO  
Name           MYERS, CHRIS  
Address        28100 US HIGHWAY 19 N.  
                  SUITE 300  
City-State-Zip: CLEARWATER FL 33761

*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:** JACK THOMPSON

**MANAGER**

**04/27/2018**

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

\_\_\_\_\_  
Date