

2011/2012

LIMITED LIABILITY COMPANY
ANNUAL REPORT

For Office Use Only

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FILED

12 AUG 24 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000009544

1. Entity Name

TC Group LLC



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2. Principal Place of Business - No P.O. Box #

121 TRIPLE DIAMOND BLVD.

Suite, Apt. #, ect.

SUITE 8

3. Mailing Address

SAME

Suite, Apt. #, ect.

SAME

City & State

N. VENICE, FL

City & State

SAME

Zip

FL

Country

USA

Zip

34275

Country

USA

4. FEI Number

59-3664313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

CR2E083B (1/11)

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER DEVEZO

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

121 TRIPLE DIAMOND BLVD

SUITE 8

City

N. VENICE

FL

Zip Code

34275

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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

Signature of registered agent or authorized representative and file if applicable.

8/22/12

DATE

January 1 - May 1 Fee is \$138.75

After May 1: Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

cdeveso@hotmail.com

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MANAGER
CHRISTOPHER DEVEZO
121 TRIPLE DIAMOND BLVD SUITE 8
N. VENICE, FL 34275

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MANAGER
THOMAS MCMULLEN
2020 CASSY KOLLO
NO KENS, FL 34275

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

In 2011 and 2012, an LLC by a similar name, M07000007082, filed its annual reports to this LLC in error. This

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2011 & 2012 AR is being Filed without penalty.

10.

300238867963
08/24/12--01034--011 #4277.50

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AUG 28 2012

S. TONER

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 808, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 917.155, F.S.

SIGNATURE:

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

Date

Daytime Phone

8/22/12 941 486-0069