

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019084

Entity Name: TNCP, LLC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

611 WEST BAY STREET
TAMPA, FL 336062703

New Principal Place of Business:

Current Mailing Address:

611 WEST BAY STREET
TAMPA, FL 336062703

New Mailing Address:

FEI Number: 59-3757542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHIMBERG, AMY
611 WEST BAY STREET
TAMPA, FL 336062703 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: VD () Delete
Name: SHIMBERG, JAMES H JR
Address: 1912 ARDSLEY ST
City-St-Zip: TAMPA, FL 33629

Title: PD () Delete
Name: SHIMBERG, AMY G
Address: 10102 WHITE TROUT LANE
City-St-Zip: TAMPA, FL 336184310

Title: STD () Delete
Name: PAIKOFF, NANCY S
Address: 60 STANTON CIR
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: SHIMBERG, ROBERT A
Address: 3214 W. FOUNTAIN
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

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

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

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: AMY SHIMBERG

PD

04/17/2009

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