

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90273 034 ****50.00

DOCUMENT # L02000002837

1. Entity Name
T.L.C. HOME WATCH, LLC



Principal Place of Business

8264 ALLEDALE COURT
NAPLES, FL 34120

Mailing Address

8264 ALLEDALE COURT
NAPLES, FL 34120

24050040



04012004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, CAMILLE D
8264 ALLEDALE COURT
NAPLES, FL 34120

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MURRAY, CAMILLE D
8264 ALLEDALE COURT
NAPLES, FL 34120

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

SIGNATURE: *Camille D. Murray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

x 4/6/04
Date

Daytime Phone #