

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L03000038448

1. Entity Name
TLC PROPERTIES OF LAKELAND LLC



Principal Place of Business
8624 HARRISON RD.
LAKELAND, FL 33810 US

Mailing Address
PO BOX 1086
LAKELAND, FL 33802 US



04072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0294275

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONBOY, TERESA
8624 HARRISON RD.
LAKELAND, FL 33810

**DO NOT WRITE
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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CONBOY, TERESA
STREET ADDRESS 8624 HARRISON RD.
CITY-ST-ZIP LAKELAND, FL 33810

TITLE MGRM
NAME CONBOY, TIM
STREET ADDRESS 8624 HARRISON RD
CITY-ST-ZIP LAKELAND, FL 33810

TITLE MGR
NAME CUTTELL, MICHELE
STREET ADDRESS 8624 HARRISON RD
CITY-ST-ZIP LAKELAND, FL 33810

TITLE MGR
NAME CONBOY, JACOB
STREET ADDRESS 8624 HARRISON RD.
CITY-ST-ZIP LAKELAND, FL 33810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000895950
04/24/08-80088-017 138.75

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IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: *Teresa L Conboy*

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

Date

Daytime Phone #