2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000043614

1. Entity Name T.C. DOORS LLC



FILED Jan 17, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4356 FOREST BOULEVARD JACKSONVILLE, FL 32246 U

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01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 54-2132916

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CASSADY, TIMOTHY A JR. 4356 FOREST BLVD JACKSONVILLE, FL 32246

DO NOT WRITE IN THIS SPACE

		[1] 自己的 對國國民語經過國際的語言和解釋。2000年2月15日 (1995年2月) - 內自然學問題 (2011年2月) [2011年2月]								
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, types graphinted name of registered against againste il applicable.	Timothy Cassady JR MGR JAN 15-06 (NOTE: Registered Agent stoner the required when repostering) DATE								
	Signature, typed or printed name of registered agent apprinted if applicable,	(NOTE: Registered Agent signature required when reinstating) DATE								
FILE After May	MOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.75	000000788016 01/18/08-80023-003 138.75								
9.	MANAGING MEMBERS/MANAGERS	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASSADY, TIMOTHY A JR. 4356 FOREST BLVD JACKSONVILLE, FL 32246									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSADY, SONDRA 4356 FOREST BLVD JACKSONVILLE, FL 32246									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE								
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP										

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: PINOTA H HELACH SE

BAH 15-08

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