

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000049449**

1. Entity Name

TLC SUCCESS, LLC



Principal Place of Business

5260 RIVER BLOSSOM LANE  
ALVA FL 33920

Mailing Address

5260 RIVER BLOSSOM LANE  
ALVA FL 33920

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2418357

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required



1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, MICHELE M  
5260 RIVER BLOSSOM LANE  
ALVA FL 33920

Name

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

City

**FL**

Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME ALVAREZ, MICHELE M  
STREET ADDRESS 5260 RIVER BLOSSOM LANE  
CITY- ST- ZIP ALVA FL 33920

☐ Change ☐ Addition  
U00000252506  
03/05/05-80032-001 55.00

TITLE MGR ☐ Delete  
NAME ALVAREZ, ANTONIO JR.  
STREET ADDRESS 5260 RIVER BLOSSOM LANE  
CITY- ST- ZIP ALVA FL 33920

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Michele M Alvarez MICHELE M. ALVAREZ 3/2/05 863 675-1194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #