

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 14, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L04000021298**

1. Entity Name  
**TLC PROPERTIES II OF ANNA MARIA, LLC**



Principal Place of Business

**505 MAGNOLIA AVE  
PO BOX 2056  
ANNA MARIA, FL 34216**

Mailing Address

**505 MAGNOLIA AVE  
PO BOX 2056  
ANNA MARIA, FL 34216**



01092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**61-1484597**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY, STE 300  
TAMPA, FL 33637**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
TOLLETTE, THOMAS A  
505 MAGNOLIA AVE  
ANNA MARIA, FL 34216**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
TOLLETTE, CHRISTINE L  
505 MAGNOLIA AVE  
ANNA MARIA, FL 34216**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000783737  
01/16/08-80026-019 138.75

**DO NOT WRITE  
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:**

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

Date

Daytime Phone #

*Christine L. Tollette* **CHRISTINE L. TOLLETTE** / 1-9-08 / 941-779-1888