

L04000041842

00789-00524-00071

LC NOT INC  
form

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

L04 - 41842

(Document Number)

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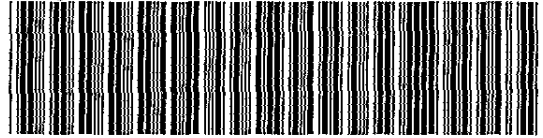
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M. HODGES



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2006

HARVEY ROLLINGS  
1633 SE 47TH TERRACE  
CAPE CORAL, FL 33904

SUBJECT: TCJBN, L.L.C.  
Ref. Number: L04000041842

We have received your document for TCJBN, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Agent for this Limited Liability Company, the form submitted is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 306A00009595

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TCJBN, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harvey Rollings

(Name of Person)

Warchol, Merchant, Rollings, Buckley & Pohl, LLP

(Firm/Company)

1633 S.E. 47th Terrace

(Address)

Cape Coral, Florida 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

Harvey Rollings

(Name of Person)

at ( 239 )

549-7268

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: TCJBN, LLC
2. The mailing address of the limited liability company is: 1320 W. Abington Cambs  
Lake Forest, Illinois 60045
3. Date of filing/registration in Florida 5/28/04
4. Document number L04000041842
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Joseph T. Letke

Name

18225 Morris Avenue

Address

Homewood, Illinois 60430

City, State and Zip

6. The name and address of the new registered agent and/or office:

Harvey Rollings

Warchol, Merchant, Rollings, Buckley & Pohl, LLP

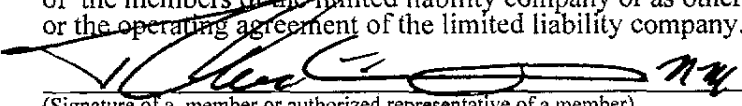
1633 S.E. 47th Terrace

Florida street address (P.O. Box **NOT** acceptable)

Cape Coral FL 33904

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

Thomas Cirrincione, Managing Member

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00**