

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073984

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: T.W.C.MARKETING SYSTEMS, LLC

**Current Principal Place of Business:**

459 AQUATIC DR.  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

115 CUMBERLAND DRIVE  
LEXINGTON, SC 29072

**Current Mailing Address:**

115 CUMBERLAND DR  
LEXINGTON, SC 29072

**New Mailing Address:**

PO BOX 138  
LEXINGTON, SC 29071

FEI Number: 37-1499170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHOENIX, CHARLES PT ESQ.  
12800 UNIVERSITY DRIVE, SUITE 260  
SUITE 112  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

PHOENIX, CHARLES PT ESQ.  
12800 UNIVERSITY DRIVE, SUITE 260  
FORT MYERS, FL 33907 US

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.

SIGNATURE:

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHRIVER, DARLENE  
Address: 115 CUMBERLAND DR.  
City-St-Zip: LEXINGTON, SC 29072

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHRIVER, DARLENE  
Address: PO BOX 29071  
City-St-Zip: LEXINGTON, SC 29071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DARLENE SHRIVER

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date