

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035209

FILED
Aug 18, 2009
Secretary of State

Entity Name: TC CONSTRUCTION SERVICES, LLC

Current Principal Place of Business:

4713 PRESTO WOOD
VALRICO, FL 33596 US

New Principal Place of Business:

4713 PRESTON WOOD
VALRICO, FL 33596 US

Current Mailing Address:

4713 PRESTO WOOD
VALRICO, FL 33596 US

New Mailing Address:

4713 PRESTON WOOD
VALRICO, FL 33596 US

FEI Number: 20-2657616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CRAMER, MARK
4713 PRESTO WOOD
VALRICO, FL 33596 US

Name and Address of New Registered Agent:

CRAMER, MARK
4713 PRESTON WOOD
VALRICO, FL 33596 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:

08/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRAMER, MARK
Address: 4713 PRESTO WOOD
City-St-Zip: VALRICO, FL 33596 US

Title: MGRM () Delete
Name: TOMLIN, STEVE
Address: 448 45TH AVENUE N.E.
City-St-Zip: ST. PETERSBURG, FL 33703 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CRAMER, MARK
Address: 4713 PRESTON WOOD
City-St-Zip: VALRICO, FL 33596 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK L CRAMER

MGR

08/18/2009

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