


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

02-15-2006 90134 036 ****50.00

DOCUMENT # L05000107372			
1. Entity Name TCS MARINE, LLC			
Principal Place of Business 11000 U.S. HIGHWAY 41 NORTH PALMETTO FL 34221		Mailing Address 11000 U.S. HIGHWAY 41 NORTH PALMETTO FL 34221	
2. Principal Place of Business 11010 US Hwy 41 N. Suite, Apt. #, etc.		3. Mailing Address 11010 U.S. Highway 41 N. Suite, Apt. #, etc.	
City & State Palmetto FL		City & State Palmetto, FL	
Zip 34221		Country USA	
4. FEI Number 20-4429927		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. % DONNA L. LONGHOUSE 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33602		7. Name and Address of New Registered Agent Name Janet Nesius Street Address (P.O. Box Number is Not Acceptable) 11010 U.S. 41 North City Palmetto FL Zip Code 34221	
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 <u>Janet Nesius</u> DATE <u>1-30-06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when filing.)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By: May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Janet Nesius</u>		Date: <u>1-30-06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	