


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT -9 PM 4: 05

DOCUMENT # L05000119224

1. Entity Name  
TMC ENTERPRISE LLC



Principal Place of Business  
624 GREAT BLUE COURT  
ORLANDO, FL 32825

Mailing Address  
624 GREAT BLUE COURT  
ORLANDO, FL 32825



09022008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLTON, TERRELL E  
624 GREAT BLUE COURT  
ORLANDO, FL 32825

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARLTON, TERRELL E 624 GREAT BLUE COURT ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CADAVID, MARISOL 624 GREAT BLUE COURT ORLANDO, FL 32825
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10/03/08--01055--002 \*\*138.75

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT 2008**

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: Marisol Cadavid 9/29/08 321-202-6699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #