2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State
01-30-2007 90035 004 ****50.00

DOCUMENT # L06000079015

1. Entity Name
TCF, LLC

Principal Place of Business	Mailing Address
129 LEGEND LAKES DRIVE PANAMA CITY FL 32411	PO BOX 28438 PANAMA CITY FL 32411

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
550 wahoo rd	Po Box 28438
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City FL	City & State: Panama City FL
Zip: 32411 Country: USA	Zip: 32411 Country: USA

4. FEI Number — ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

LEEBRICK, BRIAN D ESQ
220 MCKENZIE AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name: Thomas Frey
Street Address (P.O. Box Number is Not Acceptable): 550 wahoo RD
City: Panama City FL Zip Code: 32411

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 [signature] Thomas Frey 1-22-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Thomas J Frey 550 wahoo Rd Box 28438 Panama City FL 32413 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Vice President~~ ~~Catherine Frey~~ ~~550 wahoo rd Box 28438~~ ~~Panama City FL 32411~~ ~~☐ Change ☒ Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Catherine Frey 550 wahoo RD Box 28438 Panama City FL 32411 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] Thomas Frey 1-22-07 850-832-6334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #