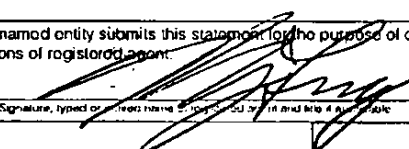
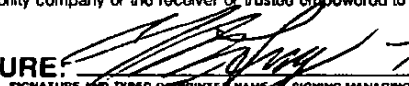


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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 129 LEGEND LAKES DRIVE PANAMA CITY FL 32411		Mailing Address PO BOX 28438 PANAMA CITY FL 32411																																																																																																												
2. Principal Place of Business - No P.O. Box # 550 WAHOO RD		3. Mailing Address 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 LEE BRICK, 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 		THOMAS FREY 1-22-07																																																																																																												
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																																																																																																												
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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: 		THOMAS FREY 1-22-07 850-832-6334																																																																																																												