

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2007 8:00 am**  
**Secretary of State**

05-25-2007 90199 005 \*\*\*\*55.00

<b>DOCUMENT # L06000081787</b> 1. Entity Name TCB CONSULTING, LLC			
Principal Place of Business 6842 HILL GAIL TRAIL TALLAHASSEE, FL 32309		Mailing Address 6842 HILL GAIL TRAIL TALLAHASSEE, FL 32309	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8910 Kerry Forest Pkwy Suite, Apt. #, etc. D4-803 293	
Suite, Apt. #, etc.		City & State TALLAHASSEE, FL	
City & State		4. FEI Number 80-5410678	
Zip 32309		Country US	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  TENNILLE, ROBIN 6842 HILL GAIL TRAIL TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 8910 Kerry Forest Pkwy D4-803 293 City Tallahassee FL Zip Code 32309	
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>R. Robin Tennille</u> DATE <u>5/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TENNILLE, ROBIN 6842 HILL GAIL TRAIL TALLAHASSEE, FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8910 Kerry Forest Pkwy D4-803 TLH FL 32309 293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>R. Robin Tennille</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: <u>5/11/07</u> DAYTIME PHONE: <u>850 509-5153</u>	