n7n00008753

(Requestor's Name)	
(Address)	
(Address)	—
(City/State/Zip/Phone #)	
(Oity/Otato/21p/ Hone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
<i>)</i> :	
ified Copies Certificates of Status	
	\neg
Special Instructions to Filing Officer:	
A. LUNT	-
MAR 31 2008	
EXAMINE	3

Office Use Only



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02/22/08--01014--003 **35.00

03/26/08--01004--013 **20.00



February 25, 2008

PRISCILLA ROSENGREN 11313 APACHE PLACE LARGO, FL 33774

SUBJECT: TLC TRANSPORTS, LLC

Ref. Number: L07000008753

We have received your document for TLC TRANSPORTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 208A00011678

Agnes Lunt Regulatory Specialist II

DO DOV 0907 Fell-1 Fl. 11- 2001 A

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TLC TRANSPOI (Name of Limite	ですら、LLC ed Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted	for filing.
Please return all correspondence concerning this	matter to the following:	
PRISCILLA ROSENGRE (Name of Person) TLC TRANSPORTS, LL (Firm/Company) 11313 APACHEPLACE (Address)	C PHADOLIC TO THE PART OF THE	FILED 2008 MAR 27 P 1: 40 SECRETARY OF STATE SECRETARY OF STATE
LARGO, FLORIDA 337 (City/State and Zip Code)		
For further information concerning this matter, pl PRISCILLA ROSENGREN at ((Name of Person)		8 Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following an	/	
\$25 Filing Fee	\$55 Filing Fee & Certified of 35.00	Сору

INHS18 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

4×----

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	d liability company is	S: TLC	TRANSPO	RTS, LL	
2. The mailing address of				-	
LARGO, Fho	RIDA 33	3774			,
JAN Z 8, 3. Date of filing/registrati	08		2070000	8753	
3. Date of filing/registrati	on in Florida		4. Document num	nber	
5. The name of the registe Florida Department of S	red agent and the reg State:	istered office	address as shown of	on the records o	f the
•	NATIONAL	RE61972	ERED AGEN	TS, INC.	
	P. 0. BOX WEST WIN	Name			
	1.0. 100	Address			
	WEST WIN	1050R,	N.508550		
	City	, State and Zi	ip	ALL SEC	
6. The name and address of	of the new registered	agent and/or o	office:	HAR PRET	П
	PAISBILLA	ROSEX	IGAEN	2000 MAR 27 P 1: 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
•	PAISOILLA 11313 APA	Name		元 一 一	
-	11313 APA	OHE P	LACE	= T	
	Florida street addres	ss (P.O. Box	NOT acceptable)	P 1: 40 OF STATE E, FLORIDA	
	LARGO	FI .	33774		
•	<i>LAR60</i> City,	State and Zip			
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement	ange or changes are a the registered agent we by confirmed that the ited liability compant tof the limited liabili	made, the Flo. vill be identic le change(s) v y or as otherw ty company.	ws of the State of F rida street address of al. Or, in the case of vas/were authorized vise provided in the	lorida, it is here of the registered of a Florida limi d by an affirmat articles of orga	by l office ited ive vote inization
(Signature of a member or authorize	ved representative of a mem	fres.		-	
PRISCILLA R 05 (Printed or typed name of signee)	ENGREIN, I	PRES.	•		
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered i s of all statules relati l accept the obligatio is document is being that the limited liabil	agent and agr ve to the prop ns of my posit filed to mere ity company h	ree to act in this cap er and complete pe tion as registered a ly reflect a change ias been notified in	pacity. I further rformance of m gent as provide in the registered writing of this	ragree to y duties, d for in d office change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)