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Jun 10, 2008 8:00 am
Secretary of State
03-24-2008 90234 048 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L07000064260

1. Entity Name
TCL ENTERPRISES, LLC

30009130

Principal Place of Business	Mailing Address
37707 STATE ROAD 54 WEST ZEPHYRHILLS, FL 33542	12109 WEST LONGMEADOW LANE HOMER GLEN, IL 60491

01062008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-0385754 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TROIANO, VICTOR J ESQ.
317 S. TENNESSEE AVE.
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name Nootbaar, James J

Street Address (P.O. Box Number is Not Acceptable)

37707 State Road 54 West
Zephyrhills, FL 33542

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 _____ 3-21-08
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Jim Nootbaar 15774 S. LaGrange Road #229 Orland Park, IL 60462 ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Lori Nootbaar 15774 S. LaGrange Road #229 Orland Park, IL 60462 ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 3-21-08 815-715-0274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #