

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085338

FILED
Jan 29, 2008
Secretary of State

Entity Name: TCC ENTERPRISES, LLC

Current Principal Place of Business:

502 SW 147TH AVENUE
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

502 SW 147TH AVENUE
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 26-0862776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDWARDS, TROY D
502 SW 147TH AVENUE
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EDWARDS, TROY D
Address: 502 SW 147TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EDWARDS, TROY D
Address: 502 SW 147TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGRM () Change (X) Addition
Name: RICKARDS, SONIA V
Address: 811 SOUTH HOLLYBROOK DRIVE, BLDG 24/# 206
City-St-Zip: PEMBROKE PINES, FL 33025 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TROY EDWARDS

MGRM

01/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date