
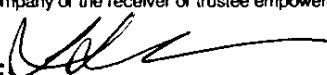


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90138 026 ***138.75

DOCUMENT # L07000100521 1. Entity Name TLC TEND TO, LLC						
Principal Place of Business 10456 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410			Mailing Address 10456 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410			
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			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
DANIELLO, LOUIS J JR. 10456 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>						
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				10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIELLO, LOUIS J JR			NAME		
STREET ADDRESS	10456 RIVERSIDE DRIVE			STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410			CITY - ST - ZIP		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESKEW, TERESA L			NAME		
STREET ADDRESS	10456 RIVERSIDE DRIVE			STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
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  TERESA L. ESKEW <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				1/30/08 561-625-4184 <small>Date Daytime Phone #</small>		

60005901



01302008 Chg-LLC CR2E083 (12/06)

4. FEI Number **68-0661225** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**