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(City/State/Zip/Phone #)

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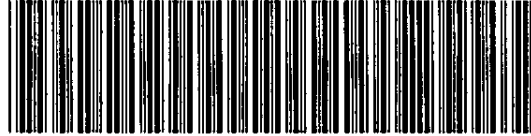
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2016

R DOUGLAS ZIPPERER  
2725 HANSON ST  
FT MYERS, FL 33901

SUBJECT: TCI MANAGEMENT, LLC  
Ref. Number: L07000117628

We have received your document for TCI MANAGEMENT, 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 016A00004780

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TCI Management, LLC

Name of Corporation

**DOCUMENT NUMBER:** L07000117628

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. Douglas Zipperer

Name of Contact Person

TCI Management, LLC

Firm/Company

2725 Hanson Street

Address

Fort Myers, FL . 33901

City/State and Zip Code

donna@zippererfarmsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R. Douglas Zipperer

Name of Contact Person

at ( 239 ) 332-1857

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: TCI Management LLC

2. (a) 2725 Hanson Street (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Fort Myers FL 33901

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3. 11/20/2007 4. LC070000117628  
Date of filing/registration in Florida Document number

5. (a) John O. Zipperer Jr  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2725 Hanson St.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fort Myers FL 33901

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

R. Douglas Zipperer  
NEW Registered Office Address:

2725 Hanson Street

Fort Myers FL 33901

FILED  
16 MAY 24 AM 11:44  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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