

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123221

Entity Name: TC HOME SERVICES LLC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

575 N.W. MERCANTILE PLACE
110
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

575 N.W. MERCANTILE PLACE
110
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 26-1606071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALVANO, MICHELLE
5200 N.W. EDGARTOWN TERRACE
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

VALVANO, MICHELLE
5200 N.W. EDGARTON TERRACE
PORT ST. LUCIE, FL 34983 US

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: MICHELLE VALVANO

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TCRM PARTNERS, LLC,
Address: 575 N.W. MERCANTILE PLACE, SUITE 110
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: MGR () Delete
Name: LANGFORD, SHAWN
Address: 575 NW MERCANTILE PLACE, SUITE 110
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TCRM PARTNERS, LLC,
Address: 525 NW LAKE WHITNEY PLACE, SUITE 101
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHELLE M. VALVANO

MGR

01/16/2009

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