2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074125

MCCLELLAN, FAYE H

1314 1ST AVENUE NORTH

STEINHATCHEE, FL 32359

Name:

Address:

City-St-Zip:

Entity Name: TCB SERVICES, LLC

FILED Feb 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 221 SW 735TH STREET STEINHATCHEE, FL 32359 **Current Mailing Address: New Mailing Address:** P.O. BOX 779 STEINHATCHEE, FL 32359 FEI Number: 26-3091731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STENGEL, TRINA F 221 SW 735TH STREET STEINHATCHEE, FL 32359 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MCCLELLAN, JAMES H III Name: Name: 221 SW 735TH STREET Address: Address: City-St-Zip: STEINHATCHEE, FL 32359 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition FORD, THOMAS R Name: Name: MCCLELLAN, CAROL J Address: **ROUTE 1 BOX 7790** Address: 221 SW 735TH STREET City-St-Zip: BRYCEVILLE, FL 32009 City-St-Zip: STEINHATCHEE, FL 32359 Title: MGR () Delete Title: () Change () Addition DRIGGERS, JAMES M Name: Name: 163 SE 189TH AVENUE Address: Address: City-St-Zip: OLD TOWN, FL 32680 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CAROL J. MCCLELLAN MGR 02/24/2009