

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000082998

Entity Name: TCGC, LLC

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7406 ST. ANDREWS BLVD.  
WEEKI WACHEE, FL 34613 US

**New Principal Place of Business:**

**Current Mailing Address:**

7406 ST. ANDREWS BLVD.  
WEEKI WACHEE, FL 34613

**New Mailing Address:**

FEI Number: 27-0934893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VIVEIROS, WALTER  
9472 WHISPER RIDGE TRL.  
WEEKI WACHEE, FL 34613 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  
Name: VIVEIROS, WALTER  
Address: 9472 WHISPER RIDGE TRL.  
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: MGRM  
Name: PETERS, FREDERICK  
Address: 9475 BEARFOOT TRL  
City-St-Zip: WEEKI WACHEE, FL 34613

Title: MGMR  
Name: HUGHES, HOWARD C  
Address: 7231 RIVER COUNTRY DRIVE  
City-St-Zip: WEEKI WACHEE, FL 34607

I hereby 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: WALTER VIVEIROS

MGRM

01/26/2012

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