

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000087306

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Entity Name:** TCME 2, LLC.

**Current Principal Place of Business:**

150 SW PEACOCK BLVD  
26-206  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

610 NW SAN REMO CIRCLE  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

PO BOX 880308  
PORT ST. LUCIE, FL 34988

**New Mailing Address:**

**FEI Number:** 27-3283011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASCANIO, MAGALY H  
150 SW PEACOCK BLVD  
PORT ST. LUCIE, FL 34986 US

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

ASCANIO, MAGALY H  
610 NW SAN REMO CIRCLE  
PORT ST. LUCIE, FL 34986 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:

04/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ASCANIO, MAGALY H  
Address: 610 NW SAN REMO CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34986

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: MAGALY ASCANIO

MGRM

04/17/2011

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