

L11000039454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

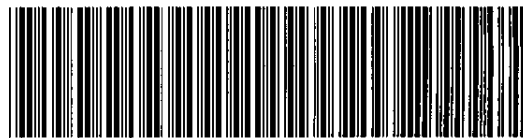
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900212268179

09/19/11--01013--011 \*\*25.00

FILED  
2011 SEP 29 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

SEP 30 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2011

CARRISSA PEROS  
7780 49TH ST NORTH, SUITE 256  
PINELLAS PARK, FL 33781

SUBJECT: TSCM, LLC  
Ref. Number: L11000039454

We have received your document for TSCM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 711A00021710

FILED  
2011 SEP 29 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TSCM, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carrissa Peros

Name of Person

TSCM, LLC

Firm/Company

7780 49TH ST NORTH - SUITE 256

Address

PINELLAS PARK, FL 33781

City/State and Zip Code

buggedonline@gmail.com

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

For further information concerning this matter, please call:

Carrissa Peros

Name of Person

at ( 877 )

947-3827

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2011 SEP 29 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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: TSCM, LLC

2. (a) Principal office address of limited liability company: 7780 49th St N - Suite 256

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

Pinellas Park, FL 33781

(b) Mailing address of limited liability company: 7780 49th St N - Suite 256

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

Pinellas Park, FL

April 1, 2011  
3. Date of filing/registration in Florida

L11000039454  
4. Document number

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

Registered Agent: Carol Peros

Registered Office Address: 5075 Park Blvd. - Suite B  
Pinellas Park, FL 33781

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

**NEW** Registered Agent: \_\_\_\_\_

**NEW** Registered Office Address:  
**(MUST BE FLORIDA STREET ADDRESS)** 7780 49th St N - Suite 256  
Pinellas Park

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.

Carrissa Peros M.M.  
Signature of a member or authorized representative of a member

Carrissa Peros  
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 608, F.S. 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.*

Carol Peros - M.M.  
Signature of Registered Agent

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