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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERG
EXAMINER

APR 9 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TCMB LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL F. BUKOWSKI

Name of Person

TCMB LLC.

Firm/Company

2285 FIRST ST.

Address

FORT MYERS, FL. 33901

City/State and Zip Code

MICHAEL@EDGEOFFORTMYERS.COM

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

For further information concerning this matter, please call:

MICHAEL BUKOWSKI

Name of Person

at (239)

489-2900

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

TCMB LLC.

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GREGORY C. HUESGEN	412 EXPLORER DRIVE O'FALLON, MO 63368	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CHRISTOPHER E. GELVEN	3804 HERMITAGE LANE ST. PETERS, MO 63376	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TIMOTHY D. COCHRAN	9941 VIA SAN MARCO LOOP FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated APRIL 5, 2012

Signature of a member or authorized representative of a member

MICHAEL E. BUKOWSKI

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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