## L12000008091

(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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**EXAMINER** 



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FILED SECRETARY OF STARE SECRETARY OF STARE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
-		
SUBJECT: TC V	VESTWOOD LLC	
Name of Lin	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	is matter to the following:	
Terry Weinshank		
Name of Person		
Firm/Company		
8586 SW Westwood Lane		
Address		
Stuart, FL 34997		
City/State and Zip Code	<del></del>	
terrysidea@aol.com		
terrysidea@aol.com E-mail address: (to be used for future annual report notif	ication)	
For further information concerning this matter,	please call:	
Terry Weinshank a	t ( 954 ) 802-5739	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
-Tallahassee, Florida 32301	Tananassee, Tionua 32314	
Enclosed is a check for the following amount:		
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## 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:	TC WESTWOOD LLC
2. (a) Principal office address of limited liability compan	y: <b></b>
(Note: MUST BE STREET ADDRESS)	8586 SW WESTWOOD LN STUART, FL 34997
(b) Mailing address of limited liability company:	44,
(Note: MAY BE POST OFFICE BOX)	8586 SW WESTWOOD LN STUART, FL 34997
January 18, 2012	L12000008091
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Katz & Associates, PL
Registered Office Address:	1320 S. Federal Hwy, Ste 105 Stuart, FL 34994
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Office Address:</u>	Cheryl Weinshank
NEW Registered Office Address:	8586 SW Westwood Lane
(MUST BE FLORIDA STREET ADDRESS)	Stuart ,FL 34997
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	laws of the State of Florida, it is hereby lorida street address of the registered office cical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
Cheryl Weinshank, MGRM Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the praid I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my dities, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

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

Signature of Registered Agent