

L17000100361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

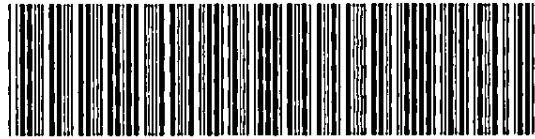
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Received  
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06/17/21



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2021 JUN 10 A 11:24



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 JUN 10 AM 11:24

May 25, 2021

MICHELE HOLLWORTH  
1322 N. PINELLAS AVE.  
TRAPON SPRINGS, FL 34689

SUBJECT: TBCC, LLC  
Ref. Number: L17000100361

We have received your document for TBCC, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We recieved a cover letter with no document attached. Please fill out the attached documents.

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) 245-6050.

Summer Chatham  
OPS

Letter Number: 421A00011142

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TBCC, 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:

MICHELE HOLZWORTH  
Name of Person

TBCC, LLC  
Firm/Company

1322 N PINELLAS AVE  
Address

TARPON SPRINGS, FL 34689  
City/State and Zip Code

michele@johnsmithplumbing.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELE HOLZWORTH at (727) 934-1956  
Name of Person Area Code Daytime Telephone Number

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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JUN 10 A 11:24

TBCC, LLC

**If Changing Registered Agent, Signature of New Registered Agent**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	MICHELE HOLZWORTH	1322 N PUEBLO AVE TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 6/7, 2021.

Signature of a member or authorized representative of a member

MICHAEL TAGARELLI

Typed or printed name of signee