

418 000 006 370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

7

WAIT

4

MAIL

(Business Entity Name)

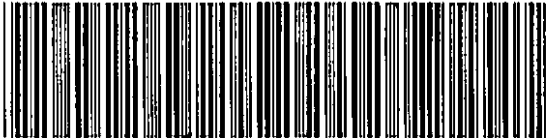
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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: TCM MANAGES, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

JAMES E WILLIS ESQ
Name of Person
WILLIS & DAVIDOW
Firm/Company
851 5TH AVE N #301
Address
NAPLES FL 34102
City/State and Zip Code
JWILLIS@WILLISDAVIDOW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIM WILLIS 239 435-0094
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(CONTINUED)

