

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR -1 AM 10:36

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE \$ 188.75 **Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee**
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000001584**

TCS PROPERTIES, LLC
7602 WOODLAND DRIVE, SUITE 150
INDIANAPOLIS IN 46278

99-AR
CM

1a. Principal Place of Business Address

7602 WOODLAND DRIVE, SUITE 1
INDIANAPOLIS IN 46278

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

12/23/1998

3a. State of Formation

IN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

35-1970578

☐ Applied For

☐ Not Applicable

City & State

City & State

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM

BUDGET CAR SALES, INC.

7602 WOODLAND DRIVE, SUITE

INDIANAPOLIS IN

200002800952-8
-03/10/99-01073-005
****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

[Signature] Secretary

2-19-99 317-802-2921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #