

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000085338

**Entity Name:** TCC ENTERPRISES, LLC

**Current Principal Place of Business:**

502 SW 147TH AVE  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

502 SW 147TH AVE  
PEMBROKE PINES, FL 33027

**FEI Number:** 26-0862776

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EDWARDS, TROY DPRES.  
502 SW 147TH AVENUE  
PEMBROKE PINES, FL 33027 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name EDWARDS, TROY D  
Address 502 SW 147TH AVENUE  
City-State-Zip: PEMBROKE PINES FL 33027

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TROY EDWARDS

PRES

05/01/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date