

A09 000 000 152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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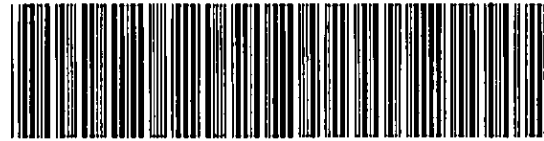
(Business Entity Name)

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TALLAHASSEE, FLORIDA

2021 OCT 29 PM 2:00

APPROVED
AND
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TGB-PD FAMILY LIMITED PARTNERSHIP III
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A08000000152

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Melissia K. Gauthreaux

Contact Person

Accounting Resources and Management Services

Firm/Company

P.O. Box 2065

Address

Dunedin, FL 34697

City, State and Zip Code

missy@youraccountingresource.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissia K. Gauthreaux at (727) 491-5360

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

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

