

DOCUMENT # A99000002181

1. Entity Name

TGS MANAGEMENT SERVICES, LTD.

Principal Place of Business

1125 HIGHWAY 98
DESTIN FL 32541

Mailing Address

1125 HIGHWAY 98
DESTIN FL 32541-3304FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 23 AM 10:30

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3634290

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CRAIG NORWOOD
1125 HIGHWAY 98
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

9. Capital Contributions
as Shown on record.

\$2500.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$2500.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR INFORMATIONA GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13.

ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP75509-136689
RMV FLORIDA VENTURE, INC.
1125 HIGHWAY 98
DESTIN FL 32541

STREET ADDRESS

CITY - ST - ZIP

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14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: VICTOR L. BARRETT

VICTOR L. BARRETT, V. PRES., RMV FLORIDA VENTURE, INC., G.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

865-453-4777