

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC REGISTERED AGENT CHANGE
TGHFL 1000 N COLLIER LLC**

Certificate of Status	0
Certified Copy	0
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APPROVED
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2023 FEB 27 PM 1:57
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TGHFL 1000 N COLLIER LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

JEROME SULLIVAN
Name of Person

Firm/Company

784 S CLEARWATER LOOP
Address

POST FALLS, ID 83854
City/State and Zip Code

filings@registeredagentsinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerome Sullivan at (509) 768-2249
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

