

A07 00000 1219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 0800

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TGB FAMILY LIMITED PARTNERSHIP II
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A07000001219

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

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. TGB FAMILY LIMITED PARTNERSHIP II

Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/30/2007

Date of filing/registration in Florida

3. A07000001219

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Accounting Resources and Management Services

Name

31105 US Hwy 19 N

Address

Palm Harbor, FL 34684

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Name

34921 US Hwy 19 N Ste. 210

Florida street address (P.O. Box not acceptable)

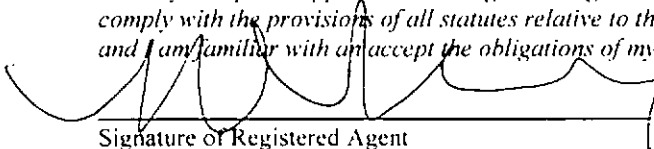
Palm Harbor FL 34684

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA