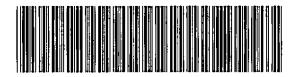
A150000000336

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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FLORIDA DEPARTMENT OF STATE Division of Corporations

3/28/21

RESERVED

2021 APR 12 AH 11:59

SECRE BUILD THATE TALLARASCULLIFE

March 17, 2021

ALOIS ROMMER TAG LIMITED LLLP 33241 WASHINGTON LOOP ROAD PUNTA GORDA, FL 33982

SUBJECT: TAG LIMITED, LLLP Ref. Number: A15000000336

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s). THERE IS AN ADDITIONAL FILING FEE OF \$10.00 STILL DUE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 421A00005629

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corporations		
TAG Limited, LLLP SUBJECT:		
	Name of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the	e following:
Alois Rommer		
Name of Person		
TAG Limited, LLLP		
Firm/Company		
33241 Washington Loop Road		
Address		
Punta Gorda, FL 33982		
City/State and Zip Cod	e	_
commer@taginvest.com		
E-mail address: (to be used for future a	•	fication)
or further information concerning this matt	er, please call:	
Alois Rommer	941 at (916-7032
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the followi	ng amount:	
\$25 Filing Fee	□ s	55 Filing Fee & Certified Copy

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 TAG Limited, LLLP	
Name of Limited Partnership or Limit	ed Liability Limited Partnership
2. 05/28/2015 Date of filing/registration in Florida	3. <i>A 150000003</i> 36
Date of filing/registration in Florida	Florida document number
4. The name of the registered agent and the registered of Department of State:	
Schulz, Martin	
Name	
Schulz, Martin Name 308 W Grace Stre Addres Punta Gorda, FL City, State a	<u>et </u>
Punta Gorda FL	33950
City, State a	nd Zip
5. The name and Florida street address of the new regist	<u> </u>
Gruber, Thoma	<u>S</u>
	_
33241 Washington Florida street address (P.O	Loop Road Box not acceptable)
Punta Gorda City, State a	
6. Such change(s) is/are effective when filed by the Flor	ida Department of State.
Signature of General Partner	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I up familiar with an accept the obligations of my pand I up familiar with an accept the obligations of my pand I up familiar with a pand I up familiar with an accept the obligations of my pand I up familiar with a pand I up familiar wi	proper and complete performance of my duties,
Signature of Kappadered Kyrnt	

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