

A15 000 000 336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

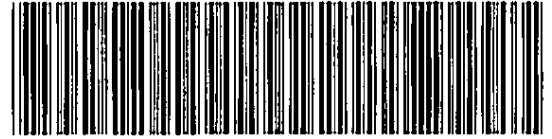
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

3/23/21
RECEIVED

2021 APR 12 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FL

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 421A00005629

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAG Limited, L.L.P.
_____ 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:

Alois Rommer
_____ Name of Person

TAG Limited, L.L.P.
_____ Firm/Company

33241 Washington Loop Road
_____ Address

Punta Gorda, FL 33982
_____ City/State and Zip Code

rommer@taginvest.com
_____ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alois Rommer at (941) 916-7032
_____ 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

**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 Limited Liability Limited Partnership
2. 05/28/2015 Date of filing/registration in Florida
3. A15000000336 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:

Schulz, Martin
Name

308 W Grace Street
Address

Punta Gorda, FL 33950
City, State and Zip

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

Gruber, Thomas
Name

33241 Washington Loop Road
Florida street address (P.O. Box not acceptable)

Punta Gorda FL 33982
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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