

L04000028327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

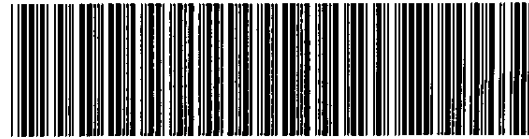
Special Instructions to Filing Officer:

A. LUNT

OCT 28 2011

EXAMINER

Office Use Only



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10/03/11--01055--005 **25.00

2011 OCT 27 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2011

TOBY GIALLUCA
62 LEE DRIVE
SAINT AUGUSTINE, FL 32080

SUBJECT: TG STUDIOS LLC
Ref. Number: L04000028327

FILED
2011 OCT 27 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 511A00022970

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TG Studios 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:

Toby Gialluca

Name of Person

TG Studios LLC

Firm/Company

62 Lee Drive

Address

Saint Augustine, FL 32080

City/State and Zip Code

tobyg1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Toby Gialluca

Name of Person

at (904)

347-6463

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 27 AM 9:50

FILED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TG Studios LLC

2. (a) Principal office address of limited liability company: 413 Chamberlain Dr

(Note: MUST BE STREET ADDRESS)

Saint Augustine FL 32086

(b) Mailing address of limited liability company: 413 Chamberlain Drive

(Note: MAY BE POST OFFICE BOX)

Saint Augustine fl 32086

04/13/2004

L04000028327

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State

Registered Agent:

Toby Gialluca

Registered Office Address:

413 Chamberlain Drive
Saint Augustine FL 32086

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

62 Lee Drive

Saint Augustine, FL 32080

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Toby E Gialluca
Signature of a member or authorized representative of a member

Toby E Gialluca

Printed or typed name of signee

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00