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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
13 JUL 15 AM 11:43

JUL 16 2013  
T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **TLG Real Estate Services, PLLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Darcy Dunn**

Name of Person

**TLG Real Estate Services, PLLC**

Firm/Company

**217 John Knox Road**

Address

**Tallahassee, FL 32309**

City/State and Zip Code

**ddunn@tlhland.com**

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

For further information concerning this matter, please call:

**Darcy Dunn**

Name of Person

at ( **850** ) **385-6363**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

**TLG Real Estate Services, PLLC**

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or the abbreviation

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>DS</u>	<u>Albert L. Buford, Jr.</u>	<u>217 John Knox Road</u> <u>Tallahassee, FL 32303</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>DVP</u>	<u>A.L. Buford, III</u>	<u>217 John Knox Road</u> <u>Tallahassee, FL 32303</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>Benjamin H. Wilkinson, Jr</u>	<u>217 John Knox Road</u> <u>Tallahassee, FL 32303</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>DVP</u>	<u>Dan McSwain Ausley</u>	<u>217 John Knox Road</u> <u>Tallahassee, FL 32303</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

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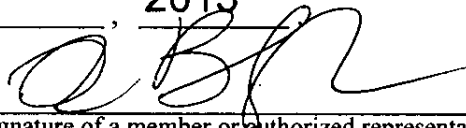
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Add  
Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated July 9

2013



Signature of a member or authorized representative of a member

R. Brodwin

Typed or printed name of signee

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Filing Fee: \$25.00

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