## 111000037293

	(Requestor's Name)					
	(Address)					
(Address)						
	(City/State/Zip/Phone #)					
PICK-U	P WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
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Office Use Only



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**S Warren** MAY 2 6 2017



May 17, 2017

NORKA GORDILS DE TABARES 10470 NW 26TH ST, SUITE B DORAL, FL 33172

SUBJECT: TGA INVESTMENTS, LLC

Ref. Number: L17000037293

We have received your document for TGA INVESTMENTS, 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):

The registered agent must sign accepting the designation.

The document must be signed by a member or an 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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 217A00009946

## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Division of Corporations						
SUBJECT: TGA INVESTMENTS, LLC	TGA INVESTMENTS, 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 n	natter to the following:					
NORKA GORDILS DE TABARES						
Name of Person						
TGA INVESTMENTS, LLC						
Firm/Company						
10470 NW 26TH ST STE B						
Address						
DORAL, FL 33172						
City/State and Zip Code	<del></del>					
accounting@contempolinens.com						
E-mail address: (to be used for future annua	report notification)					
For further information concerning this matter, pl	ease call:					
NORKA GORDILS DE TABARES	305 592-5528					
Name of Person	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 ar	mount:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

	ame of the limited liability company: TGA INVES						
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  10470 NW 26TH ST STE B  DORAL, FL 33172		Mailing address of limited liability company:				
			10470 N	(Note: MAY BE POST OFFICE BOX)  NW 26TH ST STE B			,
			<u>-</u>	DORAL, FL 33172			
	02/16/2017		1.470000	22202			
3.	Date of filing/registration in Florida	<del>-</del> 4.	L170000	Document nun			<del></del>
	- ·	۵.		Document num	noci		
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dent of Stat	_ te:			
	GORDILS DE TABARES, NORKA	i the i toric	a Dept. Or Star	и.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	(2)	_			
	3333 NW 97TH AVE		<b>=4.</b>		SE SE	17	
	DORAL	33172	) -	_		FIL MAY 26	••
				_		FILE Y 26	
(b)	-			_	OF STATE E, FLORIDA	<b>?</b>	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	idress:		NON VIS	<del>ւ</del> ։ 3	
	GORDILS DE TABARES, NORKA				DATE:	ဋ	
	NEW Registered Office Address:			_			
	10470 NW 26TH ST STE B			_			
	DORAL	, 33172	<u>&gt;</u>				
	, r	L		_			
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg iability of of the lin	istered offic ompany, it nited liabili	ce and the busine is hereby confirm ty company or a	ess office med that	e of the reg	gistere e(s)
* X	Sorclelstonas	NO	ORKA GO	RDILS DE TA	ABARE	S	
Sign	fure of a member or authorized representative of a member			Printed or typed	name of si	gnce	
provis the ob to mei	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid rely reflect a change in the registered office address, a in writing of this change.	gree to ac e perforn ed for in hereby c	et in this cap mance of my Chapter 60 confirm that	pacity. I further duties, and I an 15, F.S. Or, if th t the limited liab	agree to n familia is docum pility com	o comply war with and nent is bein npany has i	rith the laccej ig filed heen
	porceels tonners						