

**L17000050432**

\_\_\_\_\_  
(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:

Office Use Only



**200301596832**

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2017 JUL 25 PM 1:48

**FILED**

JUL 28 2017  
**J. HARRIS**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TDGNA Holdings LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William H. Dunn

Name of Person

Firm/Company

25 W. Avery Street

Address

Pensacola, FL 32501

City/State and Zip Code

bdunn@nof.com

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

For further information concerning this matter, please call:

William H. Dunn

at ( 850 )

910-3002

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

CR2E138 (2/14)

JUL 20 2017

JUL 24 2017

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: TDGNA Holdings LLC

SECOND: The Florida Document Number of the limited liability company is: L17000050432

THIRD: The street address of the limited liability company's principal office is:

25 W. Avery Street

Pensacola, FL 32501

The mailing address of the limited liability company's principal office is:

25 W. Avery Street

Pensacola, FL 32501

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: William H. Dunn

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: William H. Dunn

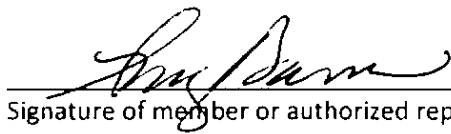
b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

William H. Dunn  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Signature of member or authorized representative of a member

Amy E. Dunn

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE FL 32304