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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

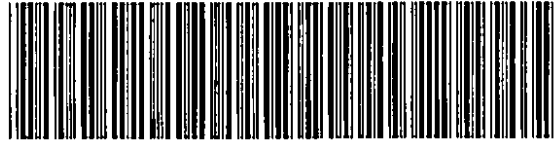
(Document Number)

Certified Copies _____ Certificates of Status _____

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06/16/21



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11 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TGD PROPERTIES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERRANCE DENSON

Name of Person

Firm/Company

5620 COLLINS RD #214

Address

JACKSONVILLE FLORIDA 32244

City/State and Zip Code

TDENSON01@GMAIL.COM

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

For further information concerning this matter, please call.

TERRANCE DENSON

561 860-2376
at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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END

TGD PROPERTIES LLC

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	TERRANCE DENSON	5620 COLLINS RD JACKSONVILLE FL 32244	<input checked="" type="checkbox"/> Add
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Dated 4.30.2021 12:01

TERRANCE DENSON

Typed or printed name of signer