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## **COVER LETTER**

Divi	sion of Corporations						
SUBJECT:	T&C, LLC 59						
SUBJECT:	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please return	all correspondence concerning th	is matter to the	following:				
Lonald L.	Gellhaus						
	Name of Person	<del></del>	<del>_</del>				
Gellhaus 8	ß Gellhaus, P.C.						
	Firm/Company		<del></del>				
120 South	Lincoln Street; PO Box 73						
	Address	<u></u>	<del></del>				
Aberdeen,	, SD 57401						
	City/State and Zip Code		<del>_</del>				
	r59@icloud.com						
E-mail	address: (to be used for future ann	ual report noti	fication)				
For further i	nformation concerning this matter,	please call:					
Terry Gau	er	605	380-4484				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Divi Clifi 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enc	closed is a check for the following amount:						
<b>⊿</b> s	25 Filing Fee	55 Filing Fee & Certified Copy					

Registration Section

TO:

ellhaus Eellhaus P.C. Attorneys at Law

Lonald L. Gellhaus Jay R. Gellhaus Chad Locken

October 30, 2019

120 South Lincoln Post Office Box 73

Fax (605) 225-6895

jay@gellhauslaw.com

Aberdeen, SD 57402-0073 Telephone (605) 225-6522

E-mail: lon@gellhauslaw.com

chad.locken@gellhauslaw.com

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: T&C, LLC

A South Dakota Limited Liability Company

Document Number: M16000005546

**Dear Division of Corporations:** 

Enclosed please find the Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company with regard to the above-referenced company. I have also enclosed my check in the amount of \$25.00 to cover the filing fee. Please advised if you need any additional information. Thank you.

Sincerely,

GELLHAUS & GELLHAUS, P.C.

Lonald L. Gellhaus

LLG:sab Enclosures

## 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.

. Na	ame of the limited liability company: T&C, LLC 59					
. (a)	1385 Belcher Road South		(b) 1385 Belcher Road South			
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`		Mailing address of limite (Note: MAY BE POS		
	Largo, FL 33771	_	Largo, F	L 33771		
	07/11/2016		M160000	05546		
	Date of filing/registration in Florida	4.		Document number		
. (a)	Debra DiGiacomo					
(,	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	e:		
	1385 Belcher Road South					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	20	
					₹ ' ; 2015 NOV −1,	
	Largo	33771			7.	
	, Г		· <u></u>	us.		
(b)	Terry Gauer			_		
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		5	
	1385 Belcher Road South				Ši	
	NEW Registered Office Address:	•		•		
	Largo	33771		-		
	, FL			-		
ie cha gent v as/wo	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ability co of the lin limited	stered office ompany, it i nited liabilit liability con	e and the business o s hereby confirmed y company or as oth	office of the registere that the change(s)	
Signa	ture of a member or authorized representative of a member	——————————————————————————————————————	ry Gauer	Printed or typed name	of signee	
here rovisi ie obl	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I id in writing of this change.	ree to ac perform d for in ( hereby c	t in this cap ance of my Chapter 605 onfirm that	acity. I further agr	ee to comply with the	
	nt of Registered Agent					

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00