

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000090275

Entity Name: TLG MANAGEMENT SERVICES, INC.**Current Principal Place of Business:**3520 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE, FL 32309**Current Mailing Address:**3520 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE, FL 32309 US**FEI Number:** 47-1925819**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILKINSON, BEN H. JR.
3520 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE, FL 32309 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** BEN H. WILKINSON, JR.

02/13/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|---------|----------------------------------|
| Title | DST |
| Name | BUFORD, A. LEWIS III |
| Address | 3520 THOMASVILLE ROAD, SUITE 200 |

City-State-Zip: TALLAHASSEE FL 32309

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|---------|----------------------------------|
| Title | DIRECTOR |
| Name | POWELL, WILLIAM C. |
| Address | 3520 THOMASVILLE ROAD, SUITE 200 |

City-State-Zip: TALLAHASSEE FL 32309

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|---------|----------------------------------|
| Title | DIRECTOR |
| Name | AUSLEY, DAN MCSWAIN |
| Address | 3520 THOMASVILLE ROAD, SUITE 200 |

City-State-Zip: TALLAHASSEE FL 32309

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|---------|----------------------------------|
| Title | D, PRESIDENT |
| Name | WILKINSON, BEN H JR. |
| Address | 3520 THOMASVILLE ROAD, SUITE 200 |

City-State-Zip: TALLAHASSEE FL 32309

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|---------|----------------------------------|
| Title | DIRECTOR |
| Name | DESANTIS, PETER A., III |
| Address | 3520 THOMASVILLE ROAD, SUITE 200 |

City-State-Zip: TALLAHASSEE FL 32309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: POWELL , WILLIAM C.**DIRECTOR**

02/13/2024

Electronic Signature of Signing Officer/Director Detail

Date