

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000267315

Entity Name: IPS-GULF LLC**Current Principal Place of Business:**1150 NW 72ND AVE TOWER, SUITE 455 #929
MIAMI, FL 33126**Current Mailing Address:**1150 NW 72ND AVE TOWER, SUITE 455 #929
MIAMI, FL 33126 US**FEI Number:** 84-3626755**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REPUBLIC REGISTERED AGENT LLC
1150 NW 72ND AVE TOWER I STE 455
MIAMI, FL 33126 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:** WESLEY DOLAN

10/25/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name HASHMI, SYED MUHAMMAD NAVED
Address 1150 NW 72ND AVE TOWER, SUITE 455 #929
City-State-Zip: MIAMI FL 33126

Title AMBR
Name HASHMI, IBRAHEEM NAVED
Address 1150 NW 72ND AVE TOWER, SUITE 455 #929
City-State-Zip: MIAMI FL 33126

Title AUTHORIZED MEMBER
Name HASHMI, KISHWAR NEAZ
Address 1150 NW 72ND AVE TOWER, SUITE 455 #929
City-State-Zip: MIAMI FL 33126

Title AUTHORIZED MEMBER
Name HASHMI, NAEIMAH NAVED
Address 1150 NW 72ND AVE TOWER, SUITE 455 #929
City-State-Zip: MIAMI FL 33126

Title AUTHORIZED MEMBER
Name HASHMI, NABAA NAVED
Address 1150 NW 72ND AVE TOWER, SUITE 455 #929
City-State-Zip: MIAMI FL 33126

Title AUTHORIZED MEMBER
Name HASHMI, MOOSA NAVED
Address 1150 NW 72ND AVE TOWER, SUITE 455 #929
City-State-Zip: MIAMI FL 33126

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SYED MUHAMMAD NAVED HASHMI

MEMBER

10/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date