## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000267315

Entity Name: IPS-GULF LLC

FILED
Jan 29, 2023
Secretary of State
5069568079CC

**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: Yes

## Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC. 476 RIVERSIDE AVE. JACKSONVILLE, FL 32202 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:

City-State-Zip:

Electronic Signature of Registered Agent Date

City-State-Zip:

MIAMI FL 33126

Authorized Person(s) Detail:

MIAMI FL 33126

Title MANAGER Title AMBR

Name HASHMI, SYED MUHAMMAD NAVED Name HASHMI, IBRAHEEM NAVED

Address 1150 NW 72ND AVE TOWER, SUITE Address 1150 NW 72ND AVE TOWER, SUITE

455 #929 455 #929

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER

Name HASHMI, KISHWAR NEAZ Name HASHMI, NAEIMAH NAVED

Address 1150 NW 72ND AVE TOWER, SUITE Address 1150 NW 72ND AVE TOWER, SUITE

455 #929 455 #929

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER
Name HASHMI, NABAA NAVED Name HASHMI, MOOSA NAVED

Address 1150 NW 72ND AVE TOWER, SUITE Address 1150 NW 72ND AVE TOWER, SUITE

455 #929 455 #929

City-State-Zip: MIAMI FL 33126 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: HASHMI, SYED MUHAMMAD NAVED MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

01/29/2023 Date