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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

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TO:	Registration So Division of Co			
SHRIF	Smoke Inn	II. LLC		
30 D 01		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub		
Please	return all correspo	ondence concerning this matter	to the following:	
		Kevin Bennett		
			Name of Person	
		Bennett Law Firm LLC		
			Firm/Company	······································
		301 W. Atlantic Ave Ste.	0-8	
		- Little Co. B. C. Weige	Address	
		Delray Beach, FL 33444		
			City/State and Zip Code	
		kbennett@thebennettlawfir	mllc.com to be used for future annual report notif	ication)
For fur	ther information c	concerning this matter, please c	•	icanon,
Kevin	Bennett		561 276-9343	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Ibrahim Dababneh	1030 C	
	1030 Gateway Blvd	Add
	Boynton Beach, FL 33426	Remove
		■ Change
Harry Heresy III	3438 Embassy Dr	
	West Palm Beach, FL 33401	Remove
		☐ Change
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	Harry Heresy III	Harry Heresy III 3438 Embassy Dr

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effecti	the date inserted in this block do	es not meet the applicable statutory filing	requirements, th	his date will	not be listed
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