

207000112494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

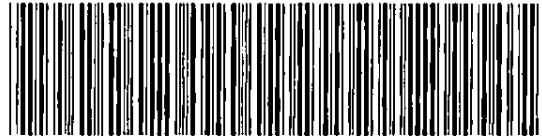
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800439541818



CLERK OF STATE
TALLAHASSEE, FL

2004 NOV 15 AM 9:47

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUND PROOFING & NOISE CONTROL, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Salman Sheikh

Name of Person

Sound Proofing & Noise Control, LLC

Firm/Company

480 Hibiscus Street, Unit #109

Address

West Palm Beach, FL 33401

City/State and Zip Code

sams@allnoisecontrol.com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Salman Sheikh

at (561) 704-8210

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
2024 NOV 15 AM 9:47
TALLAHASSEE, FL
STATE

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.

INHS18 (2/14)