

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L220004216643

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H220004216643ABC.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

12/15/22

S. CHATHAM

JAN 10 2023

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ACES COLLECTIONS LLC**

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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

Aces Collections LLC

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MUHAMMAD ASHRAF, KHURRAM ASHRAF	7901 4TH ST N., STE 4000	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33702 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ASHRAF, KHURRAM	7901 4TH ST N, STE 4000	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33702 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 15, 2022

Riley Park

Signature of a member or authorized representative of a member

Riley Park

Typed or printed name of signer

Filing Fee: \$25.00