

# L23000085024

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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STATE  
FILE

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: SIBERIAN ANNA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Simonova Anna

Name of Person

SIBERIAN ANNA LLC

Firm/Company

1723 WASHINGTON ST. APT 2 HOLLYWOOD FL

Address

33020

City/State and Zip Code

simonovanna91@gmail.com

E-mail address. (to be used for future annual report notification)

2023 FEB 26 11:10:13

For further information concerning this matter, please call:

Simonova Anna

+1 7869612146

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:**

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

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Simonova Anna	1723WASHINGTON ST.APT2 HOLLYWOOD33020	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Authorized Member - Simonova Anna

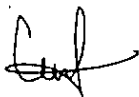
Address - 1723 WASHINGTON ST. APT 2 HOLLYWOOD FL 33020

EIN Number - 32-0721415

**E. Effective date, if other than the date of filing:** 02/15/2023 **(optional)**  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 04/07 2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Simonova Anna

\_\_\_\_\_  
Typed or printed name of signee

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FILED  
FL