

L23000267436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

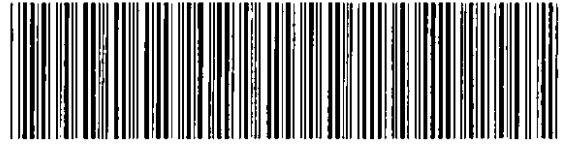
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A. PARISHANI

OCT 28 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Angelo Hardwood Flooring and Renovations LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manouchehr (Michael) Azimi

Name of Person

Michael Angelo Hardwood Flooring and Renovations LLC

Firm/Company

6010 Reese Road, Apt 301

Address

Davie, Florida 33314

City/State and Zip Code

michaelangelo_a@rogers.com

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

For further information concerning this matter, please call:

Anna or Michael Azimi at (954) 261-2367

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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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>
<u>MGR</u>	<u>Manouchehr Azimi</u>	<u>6010 Reese Rd Apt 301</u> <u>Davie, Florida 33314</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Anna Cardelli</u>	<u>6010 Reese Rd Apt 301</u> <u>Davie, Florida 33314</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Michael A. Azimi</u>		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Anna Azimi</u>		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Date: August 1, 2023

Signature of a member or authorized representative of a member

Manouchehr Azimi

and

Anna Cardelli

Typed or printed name of signee

Filing Fee: \$25.00