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R. HUNT

06/20/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BORON GENERAL TRADING 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:

Ronald Zweig

Name of Person

BORON GENERAL TRADING LLC

Firm/Company

3127 West Sligh Avenue 203B

Address

Tampa FL 33614

City/State and Zip Code

RONZWEIG@VERIZON.NET

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

For further information concerning this matter, please call:

Ronald Zweig

813

238-8485

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

STATE
TALLAHASSEE, FL

2004 JUN 23 AM 7:59

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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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
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		_____	☐ Remove
		_____	☐ Change
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		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

STATE OF FLORIDA
HALL COUNTY
TALLAHASSEE, FL

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7:59

20 MAY 20 AM 7:59
TAMPA FL
FLORIDA STATE
LABORATORY

20 AM 7:59
MAY DE STATE
LAHASSEE, FL

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.

Dated JUNE 17, 2024 12:01 AM

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00