

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duniana Faith Name)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

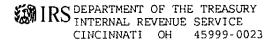
Division of Corporations						
Annie's St.	Petersburg, LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	indence concerning this matter	to the following:				
	Annie Tyrell					
	Name of Person					
		Firm/Company				
	5098 Copse Drive					
		Address				
	Augusta, GA 30909					
		City/State and Zip Code				
	annierdhrn@gmail.com E-mail address: (to be used for future annual report not	ification)			
For further information e	oncerning this matter, please c	all:				
Annie Tyrell		at () 4201843 Area Code Daytir				
Name o	f Person	Area Code Daytir	ne Telephone Number			
Enclosed is a check for the	he following amount:					
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	LI \$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		Street Address: Registration Se	ection			
Division of Corporations		Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			🗀 Add
			□Remove
			[]Change
			Change
			∐Add
			□Remove



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Date of this notice: 02-16-2024

Employer Identification Number:

99-1400118

Form: SS-4

Number of this notice: CP 575 G

ANNIES ST PETERSBURG PROPERTY LLC ANNIE M TYRELL SOLE MBR 5098 COPSE DR AUGUSTA, GA 30909

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUE AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 99-1400118. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.