

L2400011748

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : UNITED ACCOUNTANTS LLC
Account Number : I20230000115
Phone : (813)773-4973
Fax Number : (813)440-4499

****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
HOSTAK WIRELESS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

SEP 17 2024

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Hostak Wireless 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:

Hasan Iraq

Name of Person

Firm/Company

2406 E COLLEGE AVE

Address

RUSKIN, FL 33570

City/State and Zip Code

INFO@UNIACC.NET

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

For further information concerning this matter, please call:

HASAN IRAQ

Name of Person

813

at ()

Area Code

5156321

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

FILE
-224 SEP 6 AM 3:32
RELEASED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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JAN 10 2007
FBI - NEW YORK

11/11/11

FILED
SEP 16 1962
FBI - MEMPHIS

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Dated September 16th 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00