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CLERK OF COURT
JULIA J. SASSER, CLERK

• • •

SUBJECT: BHNN LLC

Please return all correspondence concerning this matter to the following:

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

NATALIA POSADA

Name of Person

Area Code

Daytime Telephone Number

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

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☐ \$60.00 Filing Fee,
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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

BHNN LLC

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>
MGR	JUAN C SANIN	1 S PINE ISLAND RD APT 311 BLDG 1	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NATALIA POSADA	1 S PINE ISLAND RD APT 311 BLDG 1	<input type="checkbox"/> Add
		PLANTATION, FL 33324	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

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 MAY 29, 2024

Typed or printed name of signee