

L2400212374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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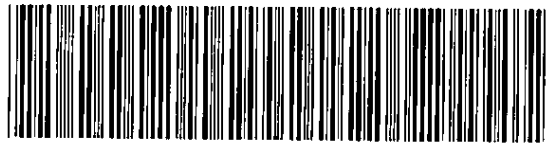
(Business Entity Name)

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A. HUNT
08/26/24

COVER LETTER

TO: Registration Section
Division of Corporations

HADORABA LLC

SUBJECT: _____
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:

RONEN MONTYANO

Name of Person

Firm/Company

306 E TYLER ST

Address

TAMPA FL 33602

City/State and Zip Code

JEFF@HADORABA.COM

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

For further information concerning this matter, please call:

RONEN MONTYANO

323

383-3347

al ()

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

If Changing Registered Agent, Signature of New Registered Agent

2024-22 PM 2:40
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Dated 08/20 2024

RONEN MONTYANO

Typed or printed name of signee