

L24000318d6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

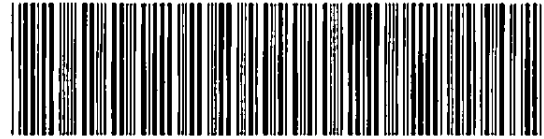
(Business Entity Name)

(Document Number)

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09/06/24--01003--015 **50.01

R. HUNT

09/06/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LH BNB TRIPOLI 2199 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:

MOHAMMAD ALI GULZARI

Name of Person

GULZARI CPA LLC

Firm/Company

1101 MIRANDA LN, STE 128

Address

KISSIMMEE, FL 34741

City/State and Zip Code

shad.leriche@gmail.com

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

For further information concerning this matter, please call:

MOHAMMAD ALI GULZARI

at (407) 750-6011

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

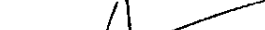
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

August 12, 2024


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00