

M18000011293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

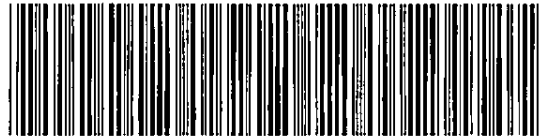
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JUL 11 PM 4:01
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Soft Technologies LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sudha Lakkaniki
Name of Person

Global Soft Technologies LLC
Firm/Company

2451 N McMullen Booth Road, Ste 235
Address

Clearwater, FL 33759
City/State and Zip Code

sudha@globalsofttech.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sudha Lakkaniki at (727) 233-0104
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

KANSAS CITY
FILED

SECTION I (1-4 must be completed)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

State: Global soft Technologies LLC

2451 N McMullen Booth Road, Ste 235
Clearwater, FL 33759

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Clearwater, FL 33759

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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FILED
2024 JUL 11 PM 4:01
TALLAHASSEE FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

L. Sudha
Signature of the authorized representative

Sudha Lakkaniki
Typed or printed name of signee

Filing Fee: \$25.00