M2300012776

(Requestor's Name)
(Äddress)
(*(33,055)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Confinit Contract Con
Certified Copies Certificates of Status
Special Instructions to Filling Officer:
WZ3000104915

Office Use Only



200412806922

07/26/23--01026--011 **130.00



August 14, 2023

CUONG NGUYEN 10 FRINGETREE CT HOMOSASSA, FL 34446 US

We have received your document for THT LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

I want to apologize because I missed this the first go around. You will need to choose another name or add another word to your title as THT LLC is already taken.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews Regulatory Specialist II

Letter Number: 023A00018558

RECEIVED SEP 0 1 2023

Dear Sir/Madam:

I submitted this application twice: Documents W23000114610 and W23000104915. I submitted \$130 checks twice. I hereby attached the Certificate of Good Standing as required by Florida document W23000104915 and submitted alternate names as required by Florida documents W23000114610.

Please contact me by email <u>JCNFIN@GMAIL.COM</u> if possible for speedy resolutions as I mailed overnight twice costing \$70 for nothing.

I would like to take this opportunity to thank you.

Sincerely yours,

CUONG NGUYEN

COVER LETTER

Contract Contract

TO:	Registration Section Division of Corporations
SUBJE	THT LLC
	Name of Limited Liability Company
The en Exister	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific e, and check are submitted to register the above referenced foreign limited liability company to transact business in Fl
Please	turn all correspondence concerning this matter to the following:
	CUONG NGUYEN
	Name of Person
	THT LLC
	Firm/Company
	10 FRINGETREE CT
	Address
	HOMOSASSA, FL 34446
	City/State and Zip Code
	JCNFIN@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For fur	er information concerning this matter, please call:
	CUONG NGUYEN 817 271-5533
	Name of Contact 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: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Copy Certificate of Status Certified Copy of Status & Certified Copy