

L15000 130439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

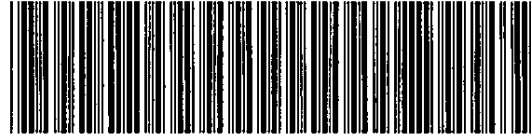
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200311298422

01/04/18--01024--004 **100.00

FILED
2018 APR -4 PM 2:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 05 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 17 FILLMORE DRIVE, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADAM SELIGMAN, ESQ.

Name of Person

WARD DAMON

Firm/Company

4420 BEACON CIRCLE

Address

WEST PALM BEACH, FL 33407

City/State and Zip Code

ASELIGMAN@WARD DAMON.COM

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

For further information concerning this matter, please call:

ADAM SELIGMAN at (561) 842-3000
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: 17 FILLMORE DRIVE, LLC

SECOND: The Florida Document number of the limited liability company is: L15000130439

THIRD: The street address of the limited liability company's principal office is:

7 LAGOMAR ROAD

PALM BEACH, FL 33480

The mailing address of the limited liability company's principal office is:

7 LAGOMAR ROAD

PALM BEACH, FL 33480

FOURTH: The date the statement of authority became effective is: 01-16-2018

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

N/A

44
Signature of authorized representative

MATHIEU P. ROSIN
Typed or printed name of Signature

FILED
2018 APR -4 PM 2:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)