## L15 000 134379

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J. LEGGETT APR 0 5 2018

## COVER LETTER

Division of Corporations	
WPB Lagoon LLC	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Amendment or Cancellation of Staten	nent of Authority and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	ntter 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	<del></del>
ASELIGMAN@WARDDAMON.COM	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter, plea	se call:
ADAM SELIGMAN	561 842-3000
Name of Person	Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314

## AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limite		
FIRST: The name of the limited liability company is: WP	B Lagoon LLC	
SECOND: The Florida Document number of the limited liai	bility company is: L15000134379	
THIRD: The street address of the limited liability company 7 LAGOMAR ROAD	r's principal office is:	
PALM BEACH, FL 33480		
1		
The mailing address of the limited liability compa 7 LAGOMAR ROAD		
PALM BEACH, FL 33480		
FOURTH: The date the statement of authority became effe	ective is:	
FIFTH: The statement of authority is cancelled.		
OR		
The amendment to the statement of author		
	924 <del>(</del>	
	MATHIEU P. ROSINSKY	
Signature of authorized representative	Typed or printed name of signature	

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

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