15000134379

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COVER LETTER

TO: Registration Section Division of Corporations		·
WPB Lagoon LLC		
Name of Li	mited Liability Comp	any
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	itter to the following:	
ADAM SELIGMAN, ESQ.		
Name of Person		
WARD DAMON		
Firm/Company	· ·	
4420 BEACON CIRCLE		
Address		. Ca
WEST PALM BEACH, FL 33407		94 9 July 20
City/State and Zip Code		. 20
ASELIGMAN@WARDDAMON.COM		>
E-mail address: (to be used for future annu-	al report notification	
For further information concerning this matter, plea	se call:	<u>ာ</u>
ADAM SELIGMAN	561 at ()	842-3000
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registration Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 re. Florida 32314

Tallahassee, Florida 32301

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

	605.0302(2), Florida Statutes, this limited liability company submits the of the limited liability company is: WPB Lagoon LLC	: following:
SECOND: The Flo	rida Document number of the limited liability company is: L150001	34379
C/O BEL 777 E. A DELRA The mail C/O BE 777 E. A	ATLANTIC AVENUE, SUITE 301 LMONT ASSOCIATES LLC ATLANTIC AVENUE, SUITE 301 Y BEACH, FL 33483 Ing address of the limited liability company's principal office is: LMONT ASSOCIATES, LLC ATLANTIC AVENUE, SUITE 301 Y BEACH, FL 33483	
FIFTH: The sta	te the statement of authority became effective is: 04-12-2018 atement of authority is cancelled.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OR	he amendment to the statement of authority is	
Signature of authori	MATHIEU P. F ized representative Typed or printed	ROSINSKY name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)