

L14000143999

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : EAGLE TAX REPRESENTATION, CORP
Account Number : I20070000037
Phone : (954)532-3842
Fax Number : (954)532-3847

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Email Address: paulo@eagle-tax.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RICARDO'S PROPERTIES, LLC

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K. SALY
EXAMINER
AUG 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RICARDO'S PROPERTIES, 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:

Paulo Oliveira
Name of Person

Eagle Tax Representation, Corp
Firm/Company

5493 Wiles Road Suite 105
Address

Coconut Creek, FL - 33073
City/State and Zip Code

paulo@eagle-tax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paulo Oliveira, EA at (954) 532-3842
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: RICARDO'S PROPERTIES, LLC

SECOND: The Florida Document number of the limited liability company is: L14000143999

THIRD: The street address of the limited liability company's principal office is:
1540 N. POWERLINE ROAD
POMPANO BEACH, FL 33069

The mailing address of the limited liability company's principal office is:
1540 N. POWERLINE ROAD
POMPANO BEACH, FL 33069

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FOURTH: The date the statement of authority became effective is: 03-31-2015

FIFTH: The statement of authority is cancelled.

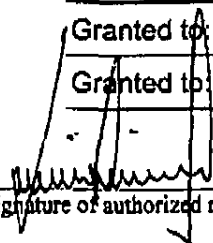
OR

The amendment to the statement of authority is

Granted to: Nilson Ricardo, as Member

Granted to: Maria Cunha Ricardo, as Member

Granted to: Lucas Cunha Ricardo, as Member



Signature of authorized representative

Nilson Ricardo, Member

Typed or printed name of signature

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