

L11000135605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 101 BYERS COURT, 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 R. Seligman, Esq.

\_\_\_\_\_  
Name of Person

Ward Damon, PL

\_\_\_\_\_  
Firm/Company

4420 Beacon Circle

\_\_\_\_\_  
Address

West Palm Beach, Florida 33458

\_\_\_\_\_  
City/State and Zip Code

aseligman@warddamon.com

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

For further information concerning this matter, please call:

Adam R. Seligman

\_\_\_\_\_  
Name of Person

561  
at ( )

Area Code

515-5674

\_\_\_\_\_  
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: 101 BYERS COURT, LLC

**SECOND:** The Florida Document number of the limited liability company is: L11000135605

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

7 Lagomar Road

Palm Beach, Florida 33480

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

7 Lagomar Road

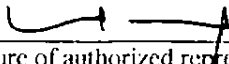
Palm Beach, Florida 33480

**FOURTH:** The date the statement of authority became effective is: March 21, 2017

**FIFTH:** The statement of authority is cancelled.

**OR**

The amendment to the statement of authority is

  
Signature of authorized representative

Mathieu P. Rosinsky

Typed or printed name of signature

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17 OCT 11 AM 7:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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