## L11000 175605

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
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## COVER LETTER

TO:	Registration Section Division of Corporations			. *
SUBJE	101 BYERS COURT, LLC			
		Limited Liability Cor	npany	<del></del>
Dear Si	r or Madam:			
he end	closed Amendment or Cancellation of Sta	tement of Authority a	nd fee(s) are submitte	ed for filing.
'lease i	return all correspondence concerning this	matter to the followin	g:	
ADAI	M SELIGMAN, ESQ.			
	Name of Person	<del></del>	_	
WAR	D DAMON			
•	Firm/Company		_	
4420	BEACON CIRCLE			
	Address		_	
WES	T PALM BEACH, FL 33407			至空温
	City/State and Zip Code		_	10000000000000000000000000000000000000
ASEI	_IGMAN@WARDDAMON.COM	1		R - U
	E-mail address: (to be used for future a	nnual report notificati	on)	THE TO
For fur	ther information concerning this matter, p	olease call:		55 PS
ADA	M SELIGMAN	561	842-3000	22
	Name of Person	Area Code	Daytime Telep	ohone 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 l	iability company is: L11000135605			
THIRD: The street address of the limited liability comparation of LAGOMAR ROAD	ny's principal office is:			
PALM BEACH, FL 33480				
· ·				
The mailing address of the limited liability com 7 LAGOMAR ROAD	pany's principal office is:			
PALM BEACH, FL 33480				
FOURTH: The date the statement of authority became ef	Tective is: 01-17-2018			
<b>FIFTH:</b> The statement of authority is cancelled.				
OR .	54. N			
The amendment to the statement of authonormal N/A	ority is			
	TO TO TO THE PERSON OF THE PER			
	MATHIEU P. ROSINSKY			
Signature of authorized representative	Typed or printed name of signature			

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)

CR2E145 (2/14)