## <u>L18000009190</u>

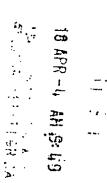
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200311194052

04/04/18--01024--004 \*\*/08.08



Y SULKER APR 0 9 2018

## COVER LETTER

Division of Corporations		
5112 STACY ROAD LLC SUBJECT:		
	imited Liability Comp	pany
Dear Sir or Madam:		
The enclosed Amendment or Cancellation of State	ment of Authority and	I fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:	
ADAM SELIGMAN, ESQ.		
Name of Person		
WARD DAMON		
Firm/Company	<del>-</del>	
4420 BEACON CIRCLE		
Address		
WEST PALM BEACH, FL 33407		
City/State and Zip Code		
ASELIGMAN@WARDDAMON.COM		
E-mail address: (to be used for future ann	nual report notification	1)
For further information concerning this matter, ple	ease call:	
ADAM SELIGMAN	561	842-3000
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	Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 iee, Florida 32314

TO: Registration Section

## AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida S FIRST: The name of the limited liability	Statutes, this limited liability company submits the following: company is: 5112 STACY ROAD LLC
SECOND: The Florida Document number	er of the limited liability company is: L18000009190
THIRD: The street address of the limited 7 LAGOMAR ROAD	d liability company's principal office is:
PALM BEACH, FL 3348	30
The mailing address of the lim 7 LAGOMAR ROAD	ited liability company's principal office is:
PALM BEACH, FL 3348	30
	thority became effective is: 02-14-2018
FIFTH: The statement of authority is OR	cancelled.
The amendment to the s	statement of authority is
	\$ .50 \$ .50
4	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)