

61800009196

(Requestor's Name)

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(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APR 09 2018

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

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Name of Person

Firm/Company

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Address

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

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

Name of Person \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code Daytime Telephone Number

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: 5112 STACY ROAD LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000009190

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

7 LAGOMAR ROAD

PALM BEACH, FL 33480

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

7 LAGOMAR ROAD

PALM BEACH, FL 33480

**FOURTH:** The date the statement of authority became effective is: 02-14-2018

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

OR

The amendment to the statement of authority is

N/A

Signature of authorized representative

MATHIEU P. ROSINSKY

Typed or printed name of signature

**Filing Fee: \$25.00**

**Certified Copy: \$30.00 (optional)**