L08000009508

(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:

Office Use Only

900315312309

07/03/18--01016--007 **25.00

7/12/18 05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAN ANTONIO 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:

MANUEL A. PEREZ, ESQ.
Name of Person

HARPER MEYER PEREZ HAGEN O'CONNOR ALBE
Firm/Company

201 S. BISCAYNE BLVD. SUITE 800
Address

MIAMI, FL 33131
City/State and Zip Code

MPEREZ@HARPERMEYER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANUEL A. PEREZ at (305) 577-3443
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

CR2E145 (2/14)

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: SAN ANTONIO PROPERTIES, LLC

SECOND: The Florida Document number of the limited liability company is: L08000009508

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

C/O 201 S. BISCAYNE BLVD.
SUITE 800
MIAMI, FLORIDA 33131

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

C/O 201 S. BISCAYNE BVLD.
SUITE 800
MIAMI, FLORIDA 33131

FOURTH: The date the statement of authority became effective is: 10/04/2017

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Signature of authorized representative

ADRIANA PENA BORGES
Typed or printed name of signature

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

CR2E145 (2/14)