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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

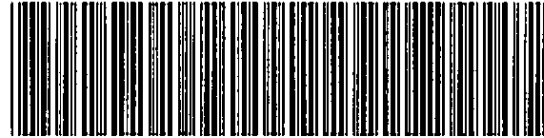
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cancellation of
Stmnt of Auth

JAN 11 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACORN DEVELOPMENT, 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:

KEITH J. NORMAN
Name of Person

ACORN DEVELOPMENT, LLC
Firm/Company

21 RIVERSIDE DRIVE #501
Address

COCOA, FL 32922
City/State and Zip Code

norm4801@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTY A. MOUNT at (321) 267-5504
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

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: ACORN DEVELOPMENT, LLC

SECOND: The Florida Document number of the limited liability company is: L03000033289

THIRD: The street address of the limited liability company's principal office is:
21 RIVERSIDE DRIVE #501
COCOA, FL 32922


The mailing address of the limited liability company's principal office is:
21 RIVERSIDE DRIVE #501
COCOA, FL 32922

FOURTH: The date the statement of authority became effective is: 05/06/15

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is
to withdraw the authority of Keith J. Norman and John H. Evans
and to grant said authority to Claire M.S. Boucher-Norman
effective immediately.



Signature of authorized representative

Keith J. Norman

Typed or printed name of signature

2019 DEC -6 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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