

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

COVER LETTER

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CO	VER LETTER		AND THE STATE OF T
TO: Registration Section Division of Corporations			77.7
Equity Holders, LLC			200
Name of Lin	nited Liability Con	npany	O'A' &
Dear Sir or Madam:			· in
The enclosed Amendment or Cancellation of Stateme	ent of Authority an	id fee(s) are submitted for (filing.
Please return all correspondence concerning this mat	ter to the following	<u>z</u> :	
Russell Sachs			
Name of Person		-	
Equity Holders LLC			
Firm/Company		-	
159 Old Starke Rd			
Address	<u>-</u>	-	
Palatka, FL 32177			
City/State and Zip Code		-	
eholders159@gmail.com			
E-mail address: (to be used for future annua	l report notificatio	n)	
For further information concerning this matter, please	e call:		
Russell Sachs	386	325-9733	
Name of Person	Area Code	Daytime Telephone N	Vumber

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

ECOND	: The Florida Document number of the limited	I liability company is: L040002436
	The street address of the limited liability comp	pany's principal office is:
-	159 Old Starke Rd	
-	Palatka, FL 32177	
_	The mailing address of the limited liability co	ompany's principal office is:
}	Palatka, FL 32177	
 DURTH FTH: R	: The date the statement of authority became The statement of authority is cancelled.	effective is: 02/28/2017
_	The amendment to the statement of au	thority is
// _	1/4/	Russell Sachs

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)