

LCY 0000 9282 F

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

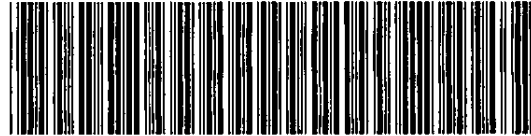
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 APR -4 PM 2:59
CLERK OF STATE
TALLAHASSEE FLORIDA

APR 05 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 374 ST ARMANDS CIRCLE 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:

ADAM SELIGMAN, ESQ.

Name of Person

WARD DAMON

Firm/Company

4420 BEACON CIRCLE

Address

WEST PALM BEACH, FL 33407

City/State and Zip Code

ASELIGMAN@WARD DAMON.COM

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

For further information concerning this matter, please call:

ADAM SELIGMAN

at (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

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: 374 ST ARMANDS CIRCLE LLC

SECOND: The Florida Document number of the limited liability company is: L04000092828

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

C/O BELMONT ASSOCIATES LLC

777 E. ATLANTIC AVENUE, SUITE 301

DELRAY BEACH, FLORIDA 33483

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

C/O BELMONT ASSOCIATES LLC

777 E. ATLANTIC AVENUE, SUITE 301

DELRAY BEACH, FLORIDA 33483

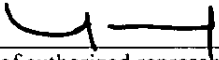
FOURTH: The date the statement of authority became effective is: 01-16-2018

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 signatory

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

CR2E145 (2/14)

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