

L04000092828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

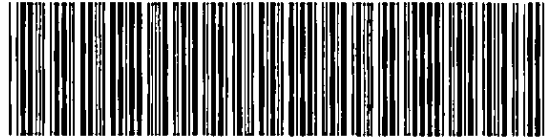
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Re 2/22

Office Use Only



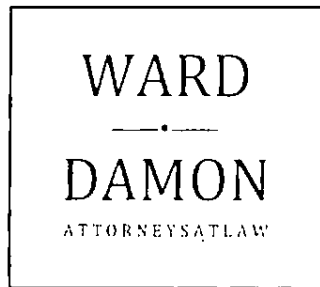
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2019 FEB 22 AM 7:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. MILLIGAN
MAR 07 2019



4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407
Tel: (561) 842-3000
Fax: (561) 842-3626
www.warddamon.com

Adam R. Seligman, Esquire
ASeligman@warddamon.com

February 21, 2019

Via Federal Express

Michelle Milligan
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Cancellation of statement of authority

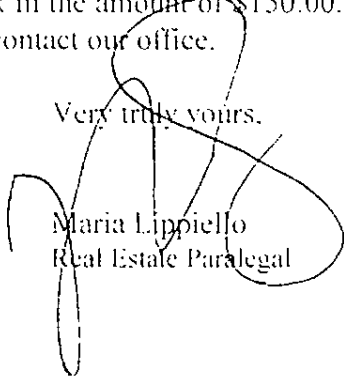
Michelle:

Enclosed please find the cancellation of statement of authority for the following companies:

1. 1001 N. Beneva Road LLC
2. 2023-2095 Hillview Street LLC
3. 2032 Arlington Street LLC
4. 326-330 St Armands Circle LLC
5. 374 St Armands Circle LLC
6. 17 Fillmore Drive LLC

Also, enclosed is our trust account check in the amount of \$150.00. Should you have any questions or concerns, please do not hesitate to contact our office.

Very truly yours,


Maria Lippiello
Real Estate Paralegal

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 R. SELIGMAN, ESQ.

Name of Person

WARD DAMON PL

Firm/Company

4420 BEACON CIRCLE

Address

WEST PALM BEACH FLORIDA 33407

City/State and Zip Code

MLIPPIELLO@WARD DAMON.COM

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

For further information concerning this matter, please call:

MARIA LIPPIELLO

at (

561

Area Code

515-5674

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: L0400009828

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

1921 S. DIXIE HWY

WEST PALM BEACH, FLORIDA 33401

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

1921 S. DIXIE HWY

WEST PALM BEACH FLORIDA 33401

FOURTH: The date the statement of authority became effective is: APRIL 12, 2018

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Signature of authorized representative

ADAM R. SELIGMAN

Typed or printed name of signature

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

FILED
2019 FEB 22 AM 7:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA