

LUY 0000 92829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

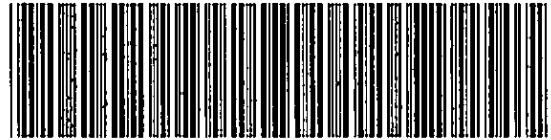
(Business Entity Name)

(Document Number)

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APR 09 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3450 NORTHLAKE BOULEVARD 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: 3450 NORTHLAKE BOULEVARD LLC

SECOND: The Florida Document number of the limited liability company is: L04000092829

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

35 SE 6TH AVENUE  
DELRAY BEACH, FL 33483

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

35 SE 6TH AVENUE  
DELRAY BEACH, FL 33483

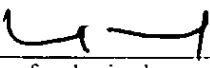
FOURTH: The date the statement of authority became effective is: 01-16-2018

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 signature

FILE  
18 APR - 4 AM 9:49

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