ICHUCCO 92841

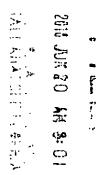
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900314547149

06/20/18--01009--029 **325.00



J. HARRIE

COVER LETTER

	egistration Section ivision of Corporations		
eun ir or	1865 WOOLBRIGHT ROAD	LLC	
SUBJECT	: Name of L	imited Liability Comp	pany
Dear Sir or	Madam:		
The enclose	ed Amendment or Cancellation of States	ment of Authority and	fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this m	atter to the following:	
ADAM S	SELIGMAN, ESQ.		
	Name of Person		
WARD I	DAMON		
	Firm/Company	<u> </u>	
4420 BE	EACON CIRCLE		
	Address		
WEST F	PALM BEACH, FL 33407		
	City/State and Zip Code		
ASELIG	MAN@WARDDAMON.COM		
E	-mail address: (to be used for future ann	ual report notification)
For further	information concerning this matter, ple	ase call:	
ADAM S	SELIGMAN	561	842-3000
	Name of Person	Area Code	Daytime Telephone Number
R D C	TREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314

Tallahassee, Florida 32301

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited	d liability company submits the following:		
FIRST: The name of the limited liability company is: 186	5 WOOLBRIGHT ROAD LLC		-
SECOND: The Florida Document number of the limited liab	bility company is: <u>L0400092841</u>		-
THIRD: The street address of the limited liability company c/o Belmont Associates LLC	s principal office is:		
777 E. Atlantic Avenue, Suite 301			
Delray Beach, FL 33483			
The mailing address of the limited liability compa	any's principal office is:		
777 E. Altantic Avenue, Suite 301	<u> </u>		
Delray Beach, FL 33483			
FOURTH: The date the statement of authority became effective. The statement of authority is cancelled.	octive is: 04-12-2018	2018	Bus.
OR The amendment to the statement of authority	ity is	#U# 2 O	E26.3 2
N/A	175 175 175 175 se	0 to 914	r -
	MATHIEU P. ROSINSKY		
Signature of authorized representative	Typed or printed name of signature	2	

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E145 (2/14)