

LO4000093087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

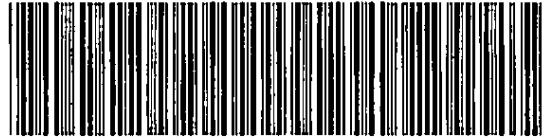
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APR 09 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 382-386 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                      561                      842-3000  
\_\_\_\_\_  
Name of Person                      at (                      )                      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: 382-386 ST ARMANDS CIRCLE LLC

**SECOND:** The Florida Document number of the limited liability company is: L04000093087

**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

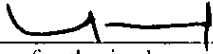
**FOURTH:** The date the statement of authority became effective is: 01-16-2018

**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 signature

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

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FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA