

L050000163FY

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

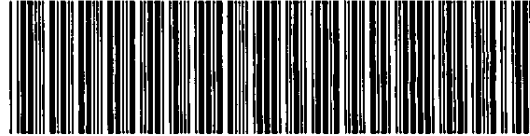
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JUL 13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Huckleberry Partners 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:

Stephanie Kanter

Name of Person

Huckleberry Partners LLC

Firm/Company

1917 Harrison Street, Suite 100

Address

Hollywood, FL 33020

City/State and Zip Code

stephaniekanter@me.com

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

For further information concerning this matter, please call:

Stephanie Kanter

Name of Person

at (

954

Area Code

560 7000

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: Huckleberry Partners LLC

SECOND: The Florida Document number of the limited liability company is: L05000016384

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

1917 Harrison Street, Suite 100

Hollywood, FL 33020

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

1917 Harrison Street, Suite 100

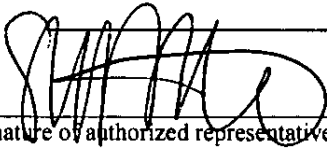
Hollywood, FL 33020

FOURTH: The date the statement of authority became effective is: October 2, 2015

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is
according to FIFTH above, the statement of authority is cancelled


Signature of authorized representative

Stephanie Kanter

Typed or printed name of signature

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

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2016 JUL 12 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA