

L05000066990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

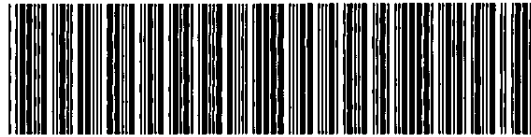
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2017 MAY -1 AM 9:48
TALLAHASSEE, FLORIDA

Office Use Only



200298673382

05/02/17--01009--005 **30.00

FILED
17 MAY -1 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY - 2 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anaco South 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:

Richard Ocana

Name of Person

Anaco South LLC

Firm/Company

27510 SW 162 Ave

Address

Miami, Florida 33031

City/State and Zip Code

anaco1@msn.com

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

For further information concerning this matter, please call:

Richard Ocana

Name of Person

at (

305

Area Code

216-4188

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: Anaco South LLC

SECOND: The Florida Document number of the limited liability company is: L05000066990

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

27510 SW 162 Ave

Miami, Florida 33031

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

Same as above

FOURTH: The date the statement of authority became effective is: 04/27/17

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Any and all transactions made on behalf of the LLC require

signatures of both managing members:

Richard Ocana and Jorge L. Castillo



Signature of authorized representative

Richard Ocana

Typed or printed name of signature

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

CR2E145 (2/14)

FILED
17 MAY - 1 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA