

LD5000092134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

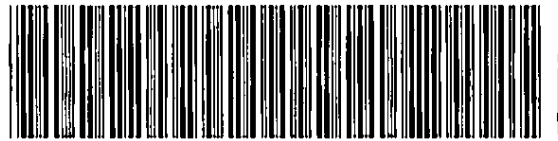
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALY  
SEP 12 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JADATY INVESTMENTS II, 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:

Lee H. Hindman, IV, Trustee of the Lee H. Hindman, IV  
2016 Trust dated December 14, 2016, Manager

\_\_\_\_\_  
Name of Person

JADATY INVESTMENTS II, LLC

\_\_\_\_\_  
Firm/Company

P.O. Box 1177

\_\_\_\_\_  
Address

El Centro, California 92244

\_\_\_\_\_  
City/State and Zip Code

HINDMANLEE@YAHOO.COM

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

For further information concerning this matter, please call:

Louis A. Maygarden, III

at (

850

434-2411

\_\_\_\_\_  
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: JADATY INVESTMENTS II, LLC

**SECOND:** The Florida Document number of the limited liability company is: L05000092134

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

696 Granite St

Imperial, CA 92251

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

P.O. BOX 1177

EL CENTRO, CA 92244

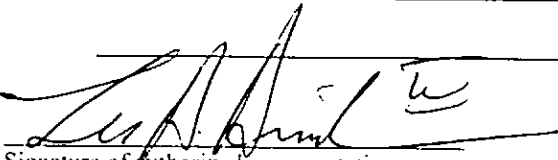
**FOURTH:** The date the statement of authority became effective is: 07/26/2016

**FIFTH:** The statement of authority is cancelled.

**OR**

The amendment to the statement of authority is

N/A - this is a cancellation only/no amendment is being made.

  
Signature of authorized representative

Lee H. Hindman, IV, Trustee of the Lee H. Hindman, IV  
2016 Trust dated December 14, 2016, Manager  
Typed or printed name of signature

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

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18 SEP - 7 PM 10:40  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA