

LO60000 19971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESTERN HEIGHTS 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:

Joseph Spinelli, President

Name of Person

March Winds Inc

Firm/Company

301 Clematis Street # 3000

Address

West Palm Beach, FL 33401

City/State and Zip Code

paidbillcentral@gmail.com

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

For further information concerning this matter, please call:

Joseph Spinelli

at (561) 543-4344

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

CR2E145 (2/14)

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: Western Heights, LLC

SECOND: The Florida Document number of the limited liability company is: L06000019971

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

301 Clematis St # 3000

West Palm Beach, FI 33401

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

301 Clematis St # 3000

West Palm Beach, FI 33401

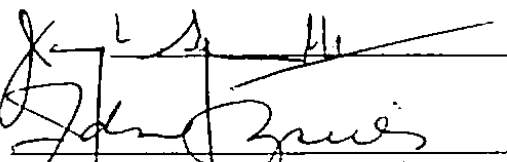
FOURTH: The date the statement of authority became effective is: May 17, 2019

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Joseph Spinelli or Adriana Spinelli


Signature of authorized representative

JOSEPH SPINELLI
ADRIANA SPINELLI
Typed or printed name of signature

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

CR2E145 (2/14)

19-SEP-23 AM 7:04
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