

208 0000009508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

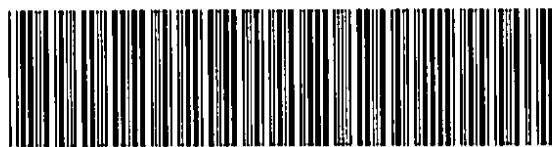
(Business Entity Name)

(Document Number)

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7/12/18 DS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAN ANTONIO PROPERTIES, 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:

MANUEL A. PEREZ, ESQ.

Name of Person

HARPER MEYER PEREZ HAGEN O'CONNOR ALBE

Firm/Company

201 S. BISCAYNE BLVD. SUITE 800

Address

MIAMI, FL 33131

City/State and Zip Code

MPEREZ@HARPERMEYER.COM

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

For further information concerning this matter, please call:

MANUEL A. PEREZ

Name of Person

305

Area Code

577-3443

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: SAN ANTONIO PROPERTIES, LLC

**SECOND:** The Florida Document number of the limited liability company is: L08000009508

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

C/O 201 S. BISCAYNE BLVD.

SUITE 800

MIAMI, FLORIDA 33131

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

C/O 201 S. BISCAYNE BLVD.

SUITE 800

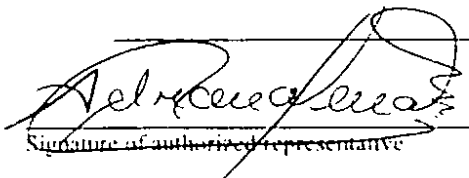
MIAMI, FLORIDA 33131

**FOURTH:** The date the statement of authority became effective is: 10/04/2017

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

**OR**

The amendment to the statement of authority is

  
Signature of authorized representative

ADRIANA PENA BORGES

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)