

LOB000 117 271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

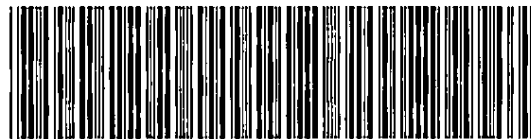
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/07/19--01038--012 **25.00

10/07/19
19 OCT -7 PM 2:05
DIVISION OF STATE
CORPORATION

Cancellation
Statement
of
Authority
11/18/19
DC

COVER LETTER*

TO: Registration Section
Division of Corporations

SUBJECT: ALYKAY INVESTMENTS 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:

Jose Leonardo

Name of Person

Law Offices of Jose J. Leonardo, Esq.

Firm/Company

500 S. Dixie Highway, Suite 204

Address

Coral Gables, FL 33146

City/State and Zip Code

jose.leonardo@jleonardolaw.com

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

For further information concerning this matter, please call:

Jose Leonardo

Name of Person

at (305)

Area Code

275-9177

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: ALYKAY INVESTMENTS LLC

SECOND: The Florida Document number of the limited liability company is: L08000117271

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

9017 Biscayne Blvd.

Miami Shores, FL 33138

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

9017 Biscayne Blvd.

Miami Shores, FL 33138

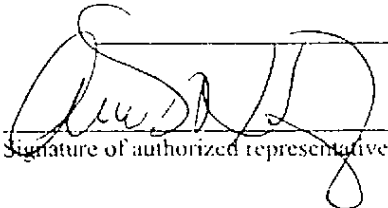
FOURTH: The date the statement of authority became effective is: March 26, 2014

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

N/A


Signature of authorized representative

Alina M. Hernandez, Manager

Typed or printed name of signature

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

19 OCT -7 PM 2:05

FILED
CLERK OF COURT
OFFICE OF CORPORATION