

209 0000 35 733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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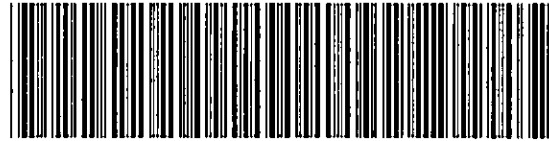
(Business Entity Name)

(Document Number)

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AUG -9 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LANDMARK ASSETS FLORIDA, 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 R. GOMEZ

Name of Person

SMGQLAW

Firm/Company

201 ALHAMBRA CIRCLE, SUITE 1205

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

JGOMEZ@SMGQLAW.COM

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

For further information concerning this matter, please call:

JOSEPH R. GOMEZ at ( 305 ) 377-1000  
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: LANDMARK ASSETS FLORIDA LLC

SECOND: The Florida Document number of the limited liability company is: L09000035733

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

201 ALHAMBRA CIRCLE, SUITE 1205

CORAL GABLES, FLORIDA 33134

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

5220 SUMMERLIN COMMONS BLVD #500

(C/O CPSWFL)

FT. MYERS, FL 33907

FOURTH: The date the statement of authority became effective is: JULY 22, 2019

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

NO AUTHORITY GRANTED TO JAN MATOUSEK.

IN ALL OTHER RESPECTS, THE STATEMENT OF AUTHORITY  
IS RATIFIED AND CONFIRMED.

Signature of authorized representative

LEOS NOVOTNY

Typed or printed name of signature

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