

**LO9000048287**

\_\_\_\_\_  
(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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2017 OCT 20 PM 2:13  
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10-20

J. HARRIS  
OCT 23 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CTS PROPERTY HOLDINGS 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:

CHERYL WHITE

Name of Person

CTS PROPERTY HOLDINGS LLC.

Firm/Company

15831 SW 51ST AVE

Address

SOUTHWEST RANCHES, FL 33331

City/State and Zip Code

LEVYCHERYL@ICLOUD.COM

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

For further information concerning this matter, please call:

CHERYL WHITE

Name of Person

at ( 954 ) 349-6401

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: CTS PROPERTY HOLDINGS LLC.

SECOND: The Florida Document number of the limited liability company is: L09000048287

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

8320 W. SUNRISE BLVD, SUITE 207  
PLANTATION, FL 33322

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

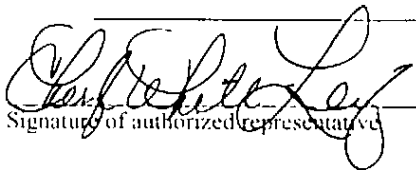
8320 W. SUNRISE BLVD, SUITE 207  
PLANTATION, FL 33322

FOURTH: The date the statement of authority became effective is: FEB 16, 2016

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

  
Signature of authorized representative

CHERYL WHITE LEVY  
Typed or printed name of signature

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

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2017 OCT 20 PM 2:13  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY, FLORIDA