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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

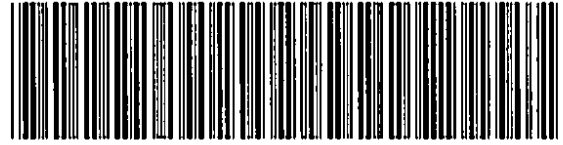
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/08/19

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Treasure Coast Land Development 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:

Andre Tarraf

Name of Person

Treasure Coast Land Development LLC

Firm/Company

19021 SW Positano Way

Address

Port St. Lucie, FL 34986

City/State and Zip Code

andre-tarraf@hotmail.com

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

For further information concerning this matter, please call:

Andre Tarraf at ( 772 ) 626-3203  
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: Treasure Coast Land Development LLC

**SECOND:** The Florida Document number of the limited liability company is: L09000080721

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

19021 SW Positano Way

Port St. Lucie, FL 34986

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

19021 SW Positano Way

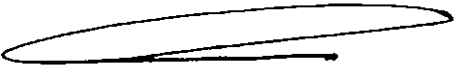
Port St. Lucie, FL 34986

**FOURTH:** The date the statement of authority became effective is: 05/21/2018

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

**OR**

The amendment to the statement of authority is

  
\_\_\_\_\_  
Signature of authorized representative

Andre Tarraf

\_\_\_\_\_  
Typed or printed name of signature

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

**FILED**  
2019 JAN -8 PM 5:50  
CLERK OF STATE  
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