L10000065262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

200390461962

07/07/22--01015--009 **150.00

Statement of Authority
Cancellation

OCT 7 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NGC 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:

Donald H. Crawford
Name of Person

Cope, Zebro & Crawford, P.L.
Firm/Company

14020 Roosevelt Blvd., Suite 802
Address

Clearwater, FL 33762
City/State and Zip Code

derawford@czefirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald H. Crawford at (727) 369-6070
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E145 (2/14)

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:

NGC Development LLC

SECOND: The Florida Document number of the limited liability company is: L19000065262

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

1990 Main Street

Suite 801

Sarasota, FL 34236

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

1990 Main Street

Suite 801

Sarasota, FL 34236

FOURTH: The date the statement of authority became effective is: 09/06/2019

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Signature of authorized representative

Klaus Gondert, on behalf of Avid Hunter LTD

Typed or printed name of signature

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

CR2L145 (2 14)