

L10000065262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

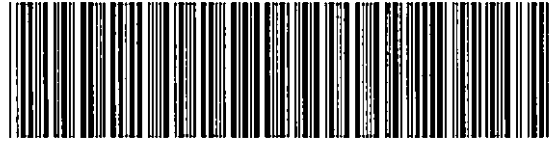
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Statement of Authority
Cancellation*

JUL 7 2022

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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 fees 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.L.C.

Firm/Company

14020 Roosevelt Blvd., Suite 802

Address

Clearwater, FL 33762

City/State and Zip Code

dcrawford@czel firm.com

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

For further information concerning this matter, please call:

Donald H. Crawford

727

369-6070

at ()

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

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: L10000065262

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

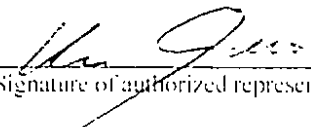
Sarasota, FL 34236

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)

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