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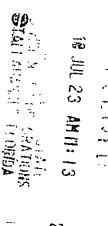
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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		INC.	236 East 6t. 37066 (32315-7066)	h Avenu	e. Tallahassee.	Florida 32303 or (800) 969-1666. Fa	x (850) 222-1666.
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COVER LETTER

TO: Registration Section Division of Corporations		
LB Founders Club I, LLC SUBJECT:		
	mited Liability Com	pany
Dear Sir or Madam:		
The enclosed Amendment or Cancellation of Statem	nent of Authority and	I fee(s) are submitted for filing.
Please return all correspondence concerning this ma	itter to the following	:
Lisa Van Dien		
Name of Person	-	
London Bay Homes		
Firm/Company		
2210 Vanderbilt Beach Rd, Suite 1300		
Address		
Naples, FL 34109		
City/State and Zip Code		
annamurphy@londonbay.com		
E-mail address: (to be used for future annu	ial report notification	<u>)</u>
For further information concerning this matter, plea-	se call:	
Lisa Van Dien	239	592-1400
Name of Person	at (Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Registrat	G ADDRESS: ion Section of Corporations 6327
2661 Executive Center Circle Tallahassee, Florida 32301	ee, Florida 32314	

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this lin FIRST: The name of the limited liability company is: \underline{L}		g:	_			
SECOND: The Florida Document number of the limited		_				
THIRD: The street address of the limited liability comp 2210 Vanderbilt Beach Rd						
Suite 1300 Naples, FL 34019	Naples, FL 34019					
The mailing address of the limited liability co.	The mailing address of the limited liability company's principal office is: 2210 Vanderbilt Beach Rd					
Suite 1300	Suite 1300					
Naples, FL 34109	Naples, FL 34109					
FOURTH: The date the statement of authority became	effective is: February 26, 2016	. , .	, E13,			
FIFTH: The statement of authority is cancelled. OR			JUL 20			
The amendment to the statement of aut	hority is	n Grand	7			
		±7€ 4	C			
<i>f</i> 5	Lisa Van Dien					
Signature of authorized representative	Typed or printed name of s	ignature				

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E145 (2/14)