

L100000 8346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEHA, 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:

MARK E. FRIED

Name of Person

MARK E. FRIED, P.A.

Firm/Company

1110 BRICKELL AVENUE, SUITE 310

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

mfried@markfriedlaw.com

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

For further information concerning this matter, please call:

MARK E. FRIED

305

371-7079

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: LEHA, LLC

SECOND: The Florida Document number of the limited liability company is: L10000083400

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

20741 NW 2nd AVENUE

MIAMI GARDENS, FLORIDA 33169

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

20741 NW 2nd AVENUE

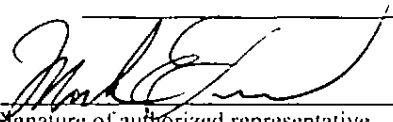
MIAMI GARDENS, FLORIDA 33169

FOURTH: The date the statement of authority became effective is: APRIL 24, 2019

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is


Signature of authorized representative

Mark E. Fried, Attorney & Agent
Typed or printed name of signature

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

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