210000099871

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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(Do	cument Number)	
(2)	,	
Certified Copies	Certificates	of Statue
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GASSMAN, CROTTY & DENICOLO, P.A.

ATTORNEYS AT LAW

ALAN S. GASSMAN*'
KENNETH J. CROTTY***
CHRISTOPHER J. DENICOLO***

- . LL.M. In Taxation
- + Board Certified Lawyer Wills, Trusts and Estates
- *** LL.M. In Estate Planning
- Board Certified Lawyer Tax Law

1245 COURT STREET CLEARWATER, FL 33756 (P) 727.442.1200 (F) 727.443.5829

www.gassmanlaw.com

November 27, 2017

Florida Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Cancellation of Statement of Authority

Dear Sir or Madam:

المرابع فالماء المعطوية الروران

Please find enclosed a Cover Letter and a request for Cancellation of Statement of Authority for 2810 LAKE TARPON DRIVE, L.L.C. which has changed its name to UNION RENTALS, L.I..C. The corporate document number for this entity is L10000099871.

Also enclosed is the Statement of Authority that was filed on November 4, 2016, which we are requesting the cancellation of, as well as a check made payable to the Florida Secretary of State in the amount of \$25.00 for the filing fee cost.

Please file the attached and send us confirmation once it has been filed.

Thank you for your assistance.

Very truly yours,

Christopher J. Denicolo

CJD:jmp Enclosures

COVER LETTER

	egistration Section vision of Corporations		
SUBJECT:	UNION RENTALS, L.L.C. (f/k	/a 2810 LAKE	TARPON DRIVE, L.L.C)
JODGE T.		nited Liability Comp	pany
Dear Sir or	Madam:		
The enclose	ed Amendment or Cancellation of Statemo	ent of Authority and	I fee(s) are submitted for filing.
Please retur	n all correspondence concerning this man	ter to the following:	
Christop	her J. Denicolo, Esq.		
	Name of Person		
Gassma	in, Crotty & Denicolo, P.A.		
	Firm/Company		
1245 Co	ourt Street, Suite 102		
	Address		
Clearwa	ter, FL 33756		
	City/State and Zip Code		
begonia	@tampabay.rr.com		
E-	mail address: (to be used for future annua	l report notification	n)
For further	information concerning this matter, please	e call:	
Christop	her Denicolo or Jamie Parisi	727 _ at (442-1200
	Name of Person	Area Code	Daytime Telephone Number
	TREET/COURIER ADDRESS: egistration Section		G ADDRESS: ion Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant FIRST:	to section 605.0302(2), Florida Statutes, this limited liability company submits the following The name of the limited liability company is: 2810 LAKE TARPON DRIVE, L.L.	ng: C.
SECON	D: The Florida Document number of the limited liability company is: L10000099871	
THIRD:	The street address of the limited liability company's principal office is: 2880 CHELSEA PLACE NORTH	
	CLEARWATER, FL 33759	
	The mailing address of the limited liability company's principal office is: 2880 CHELSEA PLACE NORTH	
	CLEARWATER, FL 33759	
FOURT	H: The date the statement of authority became effective is: NOVEMBER 4, 2016	
FIFTH:		د
	The amendment to the statement of authority is	40 6149
		49
Signatur	CHRISTOPHER J. DENI e of authorized representative Typed or printed name of	

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)