

L11000023716



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

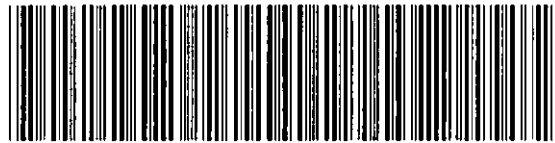
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/02/24

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RYAN LANDMARK, 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:

Harvey Trautenberg

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4500 N State Road 7 Suite 100

\_\_\_\_\_  
Address

Lauderdale Lakes, FL 33319

\_\_\_\_\_  
City/State and Zip Code

htrautenberg@YMPRealEstate.com

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

For further information concerning this matter, please call:

Harvey Trautenberg

305

987-5418

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: RYAN LANDMARK, LLC

**SECOND:** The Florida Document number of the limited liability company is: L11000023716

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

4500 N State Road 7 Suite 100

Lauderdale Lakes, FL 33319

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

4500 N State Road 7 Suite 100

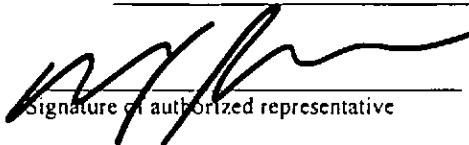
Lauderdale Lakes, FL 33319

**FOURTH:** The date the statement of authority became effective is: 07/05/2022

**FIFTH:** The statement of authority is cancelled.

**OR**

The amendment to the statement of authority is

  
\_\_\_\_\_  
Signature of authorized representative

Moshe Popack  
\_\_\_\_\_  
Typed or printed name of signature

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