

LI000083489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

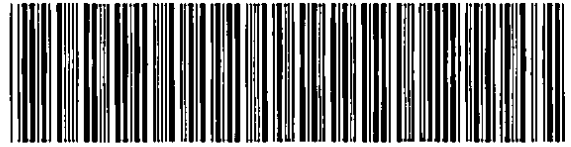
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 28 2019

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19 MAY 28 PM 4:44

Cancellation
of
Statement of
Authority

JUN 18 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kennedy Homes LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert R. Kennedy

Name of Person

Kennedy Homes LLC

Firm/Company

6400 Congress Ave Suite # 2175

Address

Boca Raton, Florida 33487

City/State and Zip Code

rob@kennedyhomes.com

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

For further information concerning this matter, please call:

Robert E. Pershes, Esq

Name of Person

561

Area Code

910-8923

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

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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: Kennedy Homes LLC

SECOND: The Florida Document number of the limited liability company is: L11000083489

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

6400 Congress Ave Suite # 2175 Boca Raton, Florida 33487

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

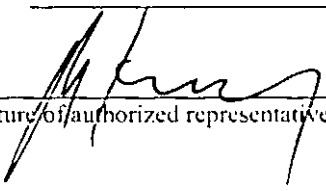
6400 Congress Ave Suite # 2175 Boca Raton, Florida 33487

FOURTH: The date the statement of authority became effective is: March 31, 2016

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is


Signature of authorized representative

Robert R. Kennedy

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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