L11 000083489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

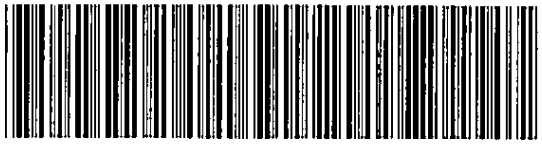
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 2019

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KENNEDY HOMES< 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:

Robert R. Kennedy
Name of Person

Kennedy Homes, LLC
Firm/Company

6400 Congress Avenue Suite 2175
Address

Boca Raton, FL 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 at (561) 910-8923
Name of Person — Area Code — 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

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 Avenue Suite 2175

Boca Raton, FL 33487

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

6400 Congress Avenue Suite 2175

Boca Raton, Fl 33487

FOURTH: The date the statement of authority became effective is: 5/28/2019

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of authorized representative

Robert R. Kennedy

Typed or printed name of signature

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

CR2E145 (2/14)