(V)

411000096332

(Requestor's Name	e)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Business Entity N	ame)			
(Document Number)				
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COVER LETTER

	egistration Section livision of Corporations		
SUBJECT	YMP Real Estate Management	LLC	
SOBJECT		e of Limited Liability C	отрапу
Dear Sir or	Madam:		
The enclos	ed Amendment or Cancellation of	Statement of Authority	and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning	this matter to the followi	ing:
Harvey Tra	autenberg		
-	Name of Person		
	Firm/Company		_
4500 N Sta	te Road 7 Suite 100		
	Address		_
Lauderdale	Lakes, FL 33319		
	City/State and Zip Code		-
ntrautenb e r	g@YMPRealEstate.com		
E-	mail address: (to be used for futur	e annual report notificati	on)
or further i	information concerning this matter	r, please call:	
Harvey Trai	utenberg	305 at (987-5418
	Name of Person	Area Code) Daytime Telephone Number
	ailing Address:		Street Address:
	egistration Section vision of Corporations		Registration Section
	O. Box 6327		Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E145 (2/14)

Tallahassee, FL 32314

TO:

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: YMP Real Estate Management LLC			
SECOND: The Florida Document number of the limite	ed liability company is: L11000096332		
THIRD: The street address of the limited liability com 4500 N State Road 7 Suite 100	pany's principal office is:		
Lauderdale Lakes, FL 33319		_	
The mailing address of the limited liability co	ompany's principal office is:	_	
Lauderdale Lakes, FL 33319		1074601	
FOURTH: The date the statement of authority became	effective is: 07/05/2022	T-2-10	
FIFTH: The statement of authority is cancelled. OR		Property of the second	
The amendment to the statement of au	thority is	m €)	
		-	
min	Moshe Popack	_	
ignature of authorized representative	Typed or printed name	of signature	

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)