

12000008491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

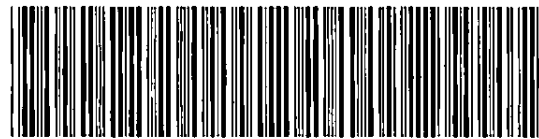
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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AMASSER, MD 20701

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**CORPORATE  
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**WALK IN**

PICK UP: 7/22/19

- ☐ CERTIFIED COPY \_\_\_\_\_
- ☒ PHOTOCOPY \_\_\_\_\_
- ☐ CUS \_\_\_\_\_
- ☒ FILING amendment

1. LB Founders Investments, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. File 1st  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LB Founders Investments, 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:

Lisa Van Dien

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

London Bay Homes

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

2210 Vanderbilt Beach Rd, Suite 1300

\_\_\_\_\_  
Address

Naples, FL 34109

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

annamurphy@londonbay.com

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

For further information concerning this matter, please call:

Lisa Van Dien

239

592-1400

at ( )

\_\_\_\_\_  
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: LB Founders Investments, LLC

**SECOND:** The Florida Document number of the limited liability company is: L12000008491

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

2210 Vanderbilt Beach Rd

Suite 1300

Naples, FL 34019

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

2210 Vanderbilt Beach Rd

Suite 1300

Naples, FL 34109

**FOURTH:** The date the statement of authority became effective is: March 3, 2016

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

**OR**

The amendment to the statement of authority is



Signature of authorized representative

Lisa Van Dien

Typed or printed name of signature

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA