

L12000033846

(11)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

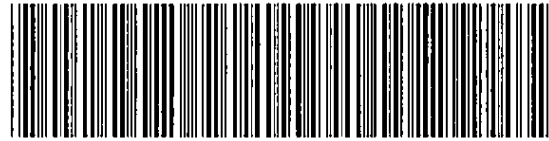
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/02/24 10:00 AM
10/02/24 10:00 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YMP PALO VERDE, 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: YMP Palo Verde, LLC

SECOND: The Florida Document number of the limited liability company is: L12000033846

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

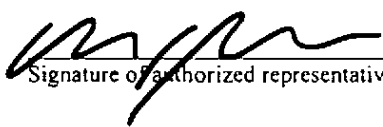
Lauderdale Lakes, FL 33319

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)