

L12000 131477

(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



000311194070

04/04/18--01024--004 **000.00

FILED
2018 APR -4 PM 3:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 05 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 10477 FAIRVIEW AVENUE 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:

ADAM SELIGMAN, ESQ.

Name of Person

WARD DAMON

Firm/Company

4420 BEACON CIRCLE

Address

WEST PALM BEACH, FL 33407

City/State and Zip Code

ASELIGMAN@WARD DAMON.COM

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

For further information concerning this matter, please call:

ADAM SELIGMAN

Name of Person

561
at (_____) _____

Area Code

842-3000

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: 10477 FAIRVIEW AVENUE LLC

SECOND: The Florida Document number of the limited liability company is: L12000131477

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

7 LAGOMAR ROAD

PALM BEACH, FL 33480

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

7 LAGOMAR ROAD

PALM BEACH, FL 33480

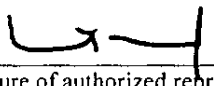
FOURTH: The date the statement of authority became effective is: 01-16-2018

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

N/A


Signature of authorized representative

MATHIEU P. ROSINSKY

Typed or printed name of signature

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

CR2E145 (2/14)

FILED
2018 APR -4 PM 3:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA