# L12000132170

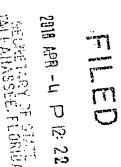
(Requestor's Name)				
(Address)				
(Address)				
(1881-555)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(SSSIIIIS)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SIID IE	645 STATE ROUTE 18 LLC	С
UBJE		Limited Liability Company
ear Si	r or Madam:	
he end	closed Amendment or Cancellation of State	ement of Authority and fee(s) are submitted for filing.
lease :	return all correspondence concerning this n	matter to the following:
ADAI	M SELIGMAN, ESQ.	
	Name of Person	<del></del>
WAR	D DAMON	
	Firm/Company	
4420	BEACON CIRCLE	
	Address	
WES	T PALM BEACH, FL 33407	
	City/State and Zip Code	
ASEI	IGMAN@WARDDAMON.COM	
	E-mail address: (to be used for future and	nnual report notification)
For fur	ther information concerning this matter, ple	lease call:
ADA	M SELIGMAN	561 842-3000 mg 7
	Name of Person	Area Code Daytime Telephone Number 5

# 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

	t to section 605.0302(2), Florida Statutes, this limited liability of the name of the limited liability company is:  645 STATE	. ,	;: 
SECON	D: The Florida Document number of the limited liability comp	nany is: L12000132130	
THIRD	: The street address of the limited liability company's principal C/O BELMONT ASSOCIATES LLC  777 E. ATLANTIC AVENUE, SUITE 301	l office is:	
	DELRAY BEACH, FL 33483		
	The mailing address of the limited liability company's princ C/O BELMONT ASSOCIATES LLC	ipal office is:	
	777 E. ATLANTIC AVENUE, SUITE 301		
	DELRAY BEACH, FL 33483		
FOURT	H: The date the statement of authority became effective is:	11-16-2018	
FIFTH:	The statement of authority is cancelled.		
OR	:		120 120 120 120 120 120 120 120 120 120
	The amendment to the statement of authority is	ARASSIS	
		# # # # # # # # # # # # # # # # # # #	D & 2
		MATHIEU P. ROSINS	(Y
Signature	e of authorized representative	Typed or printed name of sig	gnature

Filing Fee;

\$25.00

Certified Copy: \$30.00 (optional)

CR2E145 (2/14)