

# L13000020437

\_\_\_\_\_  
(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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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FCLR TWO, 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:

**Patrick Conroy**

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

**FCLR TWO, LLC**

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

**7258 Oakmont Drive**

\_\_\_\_\_  
Address

**Lake Worth, FL. 33467**

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

**pjc357@gmail.com**

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

For further information concerning this matter, please call:

**Patrick Conroy**

**561 357-0554**  
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: FCLR TWO, LLC

**SECOND:** The Florida Document number of the limited liability company is: L13000020437

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

7258 Oakmont Drive

Lake Worth, FL. 33467

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

7258 Oakmont Drive

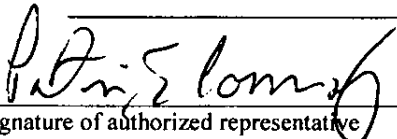
Lake Worth, FL. 33467

**FOURTH:** The date the statement of authority became effective is: 05/09/2016

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

**OR**

The amendment to the statement of authority is

  
Signature of authorized representative

Patrick Conroy

Typed or printed name of signature

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

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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