

L13 000037594

VA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

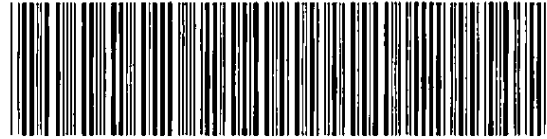
(Business Entity Name)

(Document Number)

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

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: YMP Center Court, 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 Center Court, LLC

**SECOND:** The Florida Document number of the limited liability company is: L13000037594

**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)**