

L13000 58753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 23 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SD Trust Services 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:

Robert Arnold, Jr.

Name of Person

SD Trust Services LLC

Firm/Company

801 W. State Road 436 Suite 2065

Address

Altamonte Springs, FL 32714

City/State and Zip Code

rarnold@sdrhouses.com

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

For further information concerning this matter, please call:

Robert Arnold, Jr.

Name of Person

at (407)

Area Code

389-7318

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: SD Trust Services LLC

SECOND: The Florida Document number of the limited liability company is: L13000058753

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

801 W. State Road 436, Suite 2065

Altamonte Springs, FL 32714

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

801 W. State Road 436, Suite 2065

Altamonte Springs, FL 32714

FOURTH: The date the statement of authority became effective is: 2/27/2014

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is


Signature of authorized representative

Robert Arnold, Jr., Manager

Typed or printed name of signature

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

CR2E145 (2/14)

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