

L13000125462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

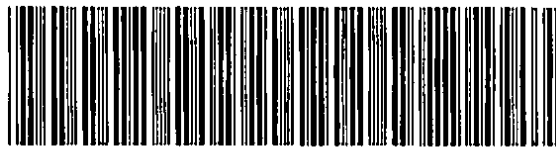
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS

AUG 10 2017  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SRGS Holdings 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:

Santiago Lopez

Name of Person

SRGS Holdings LLC

Firm/Company

12120 Talitha Lane

Address

Orlando, FL 32827

City/State and Zip Code

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

For further information concerning this matter, please call:

Santiago Lopez

407

920-1540

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: SRGS Holdings LLC

**SECOND:** The Florida Document number of the limited liability company is: L13000125462

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

7625 University Blvd

Winter Park, FL 33792

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

7625 University Blvd

Winter Park, FL 33792

**FOURTH:** The date the statement of authority became effective is: July 5, 2017

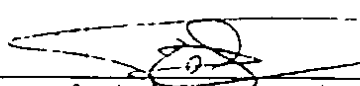
**FIFTH:** The statement of authority is cancelled.

**OR**

The amendment to the statement of authority is

Santiago Lopez, Manager

Typed or printed name of signature

  
Signature of authorized representative

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

**FILED**  
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