

U4000001096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

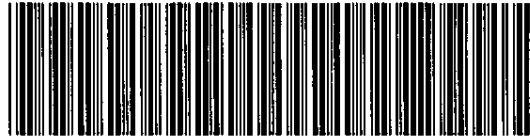
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700270592067

04/06/15--01020--018 **25.00

FILED
15 APR -6 AM 11:40
SECRETARY OF STATE
STATE HOUSE
COLUMBIA, MISSISSIPPI

APR 06 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROSEMONT ASSOCIATES, 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:

Elizabeth M. Jones
Name of Person

Shutts & Bowen LLP
Firm/Company

525 Okeechobee Blvd., Suite 1100
Address

West Palm Beach, FL 33401
City/State and Zip Code

EJones@shutts.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth M. Jones at (561) 671-6814
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

FILED
APR - 6 11:40
REGISTRATION SECTION
TALLAHASSEE, FLORIDA

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: ROSEMONT ASSOCIATES, LLC

SECOND: The Florida document number of the limited liability company is: L14000001096

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

3140 S. Ocean Boulevard, #205N
Palm Beach, FL 33480


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

3140 S. Ocean Boulevard, #205N
Palm Beach, FL 33480

FOURTH: The date the Statement of Authority became effective is: March 14, 2014

FIFTH: The statement of authority is cancelled.

FILED
APR -6 11:40
STATE



Signature of authorized representative

Rikki Lober Bagatell

Typed or printed name of signature

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

CR2E145 (2/14)