## 1140000307164

(Re	equestor's Name)			
(Address)				
	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	☐ MAIL		
(Business Entity Name)				
(Do	cument Number)			
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S. WARREN 'JUL 21 2017

## **COVER LETTER**

	egistration Section vivision of Corporations		
SUD IECT	MAINSAIL CAPITAL MORT	GAGE LLC	
SUBJECT		imited Liability Com	pany
Dear Sir o	r Madam:		
The enclos	sed Amendment or Cancellation of State	ment of Authority and	d fee(s) are submitted for filing.
Please retu	ern all correspondence concerning this m	atter to the following	:
JB ROT	тн		
	Name of Person		
ROTH	AW FIRM PL		
	Firm/Company		
6100 G	REENLAND RD., SUITE 604		
	Address		
JACKS	ONVILLE, FL 32258		
	City/State and Zip Code		
JB@RC	THLAWFIRM.NET		
——Е	-mail address: (to be used for future ann	ual report notification	1)
For further	information concerning this matter, plea	ase call:	
JB ROT	тн	904 at (	595-7900
	Name of Person	Area Code	Daytime Telephone Number
R D C	TREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

Tallahassee, Florida 32301

## 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: MAINSAIL CAPITAL MORTGAGE LLC SECOND: The Florida Document number of the limited liability company is: L14000030764 THIRD: The street address of the limited liability company's principal office is: 822 N. HIGHWAY A1A **SUITE 204** PONTE VEDRA BEACH, FL 32082 The mailing address of the limited liability company's principal office is: 822 N. HIGHWAY A1A **SUITE 204** PONTE VEDRA BEACH, FL 32082 FOURTH: The date the statement of authority became effective is: 03/21/2016 FIFTH: The statement of authority is cancelled. OR The amendment to the statement of authority is Edward Hilliard may execute instruments transferring real property held in the company's name, enter into transactions for, act for, and bind the company. No other person is so authorized. JEAN B. ROTH, Auth. Rep. Typed or printed name of signature Signature mauthorized representative Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E145 (2/14)