

L14 000 0 82465

(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



500311045455

04/04/18--01024--004 \*\*700.00

2018 APR -4 P 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

4/5/18 DS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VB CONDOS 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:

ADAM SELIGMAN, ESQ.

\_\_\_\_\_  
Name of Person

WARD DAMON

\_\_\_\_\_  
Firm/Company

4420 BEACON CIRCLE

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33407

\_\_\_\_\_  
City/State and Zip Code

ASELIGMAN@WARD DAMON.COM

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

For further information concerning this matter, please call:

ADAM SELIGMAN

at ( 561 )

842-3000

\_\_\_\_\_  
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

2018 APR - 4 P 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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: VB CONDOS LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000082465

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

777 E. ATLANTIC AVENUE

SUITE 301

DELRAY BEACH, FL 33483

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

777 E. ATLANTIC AVENUE

SUITE 301

DELRAY BEACH, FL 33483

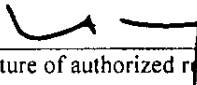
**FOURTH:** The date the statement of authority became effective is: 1-12-18

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

**OR**

The amendment to the statement of authority is

N/A

  
Signature of authorized representative

MATHIEU P. ROSINSKY

Typed or printed name of signatory

2018 APR -4 P 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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