

14 000123095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

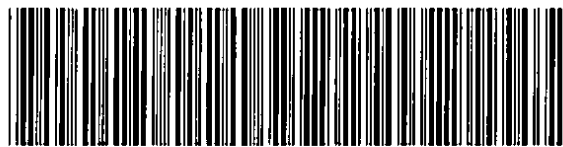
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900340677119

03/24/20--01094--DUE --35.00

STATE  
CLERK  
JULIA A. WILSON

2020 FEB 24 PM 12:59

FILED

Can / Stmt of Auth

MAR 18 2020  
I ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** South Florida Mobile Mechanic, 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:

Douglas A. Peebles, Esq.

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

Peebles Law Firm, P.A.

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

1201 6th Ave. W., Suite 505

\_\_\_\_\_  
Address

Bradenton, FL 34205

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

DAP@plflawfirm.com

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

For further information concerning this matter, please call:

Douglas A. Peebles, Esq.

941

742-6611

at ( )

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

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: SOUTH FLORIDA MOBILE MECHANIC, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000123095

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

1424 26th Ave. E.

Bradenton, FL 34208

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

13424 3rd Ave NE

Bradenton, FL 34212

**FOURTH:** The date the statement of authority became effective is: \_\_\_\_\_

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

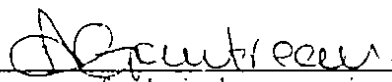
**OR**

The amendment to the statement of authority is

Anne Gautreau is the sole authorized representative to execute all documents to enter into any transactions to bind

the company, including but not limited to real estate transactions, and any and all other transactions. All references

to Ernest Johnson and Michael Johnson shall be removed from the Statement of Authority.

  
Signature of authorized representative

ANNE GAUTREAU  
Typed or printed name of signature

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

**FILED**  
2020 FEB 24 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA