

L14 000132 965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

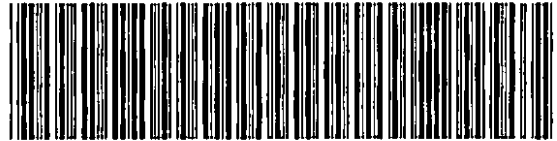
(Document Number)

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2022 APR -4 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BUTTONWOOD BAY BB9 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:

OLGA L. DOMINGUEZ, PARALEGAL

Name of Person

COHEN, CHASE, HOFFMAN & SCHIMMEL, P.A.

Firm/Company

9400 SOUTH DADELAND BLVD., SUITE 600

Address

MIAMI, FLORIDA 33156

City/State and Zip Code

odominguez@miamitaxlaw.com

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

For further information concerning this matter, please call:

OLGA L. DOMINGUEZ, PARALEGAL at ( 305 ) 670-0201  
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

FILED

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

**FIRST:** The name of the limited liability company is: BUTTONWOOD BAY BB9 2022 APR -4 AM 10: 36

SECRETARY OF STATE  
TALLAHASSEE, FL

**SECOND:** The Florida Document number of the limited liability company is: L14000132965

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

13160 OLD CUTLER ROAD

MIAMI, FLORIDA 33156

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

P.O. BOX 561661

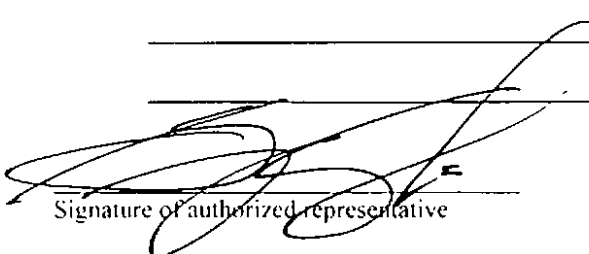
MIAMI, FLORIDA 33256

**FOURTH:** The date the statement of authority became effective is: OCTOBER 23, 2014

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

**OR**

The amendment to the statement of authority is

  
Signature of authorized representative

GREGORIO ESCAGEDO

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)