

L14000141683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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OF FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

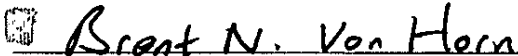
SUBJECT: FMKT MEL OWNER, LLC

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:


Name of Person

FMKT MEL OWNER, LLC

Firm/Company

250 NORTH ORANGE AVE., SUITE 1500


Address

ORLANDO, FL 32801

City/State and Zip Code

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

For further information concerning this matter, please call:

 Brent N. Von Horn at (813) 405-3607
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

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: FMKT MEL OWNER, LLC

SECOND: The Florida Document number of the limited liability company is: L14000141683

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

250 NORTH ORANGE AVE.

SUITE 1500

ORLANDO, FL 32801

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

250 NORTH ORANGE AVE.

SUITE 1500

ORLANDO, FL 32801

FOURTH: The date the statement of authority became effective is: JULY 18, 2016


FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

N/A


Signature of authorized representative


Typed or printed name of signature

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

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