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2019 15 PH 4: 17

Cancellotion Of

JUN - 3 2019 I ALBRITTON

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT	8100 Investme			
Dear Sir or Madam:	Name of Lim	ited Liability Compa	any	
The enclosed Cancellatio	n of Statement of Author	ity and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this m	natter to the followi	ng:	
Deborah R. Mayo, E	Esq.			
Na	ame of Person	<del></del> .		
South Florida Corpo	rate Counsel			
Fi	rm/Company			
8200 NW 41st Stree	t, Suite 200			
,	Address	·-····································		
Doral, Florida 33166	3			
City/State	and Zip Code	<u> </u>		
dmayo@deborahma	yolaw.com			
E-mail address: (to	o be used for future annual	report notification)	<del></del>	
For further information con	cerning this matter, please	call;		
Deborah R. Mayo, E	sq.	305	343-0597	
Name of	Person	Area Code	Daytime Telephone Number	
STREET/COURI	ER ADDRESS:	MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corpo Clifton Building	rauons	Division of Corporations P.O. Box 6327		
2661 Executive Co Tallahassee, Florid	inter Circle la 32301	Tallahassee, Florida 32314		

To whom it may concern:

Please FIRST file the Cancellation of the existing Statement of Authority, and SECOND file the new Statement of Authority.

Thank you,

Mario Florez

## CANCELLATION OF STATEMENT OF AUTHORITY

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)