

L15000020978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

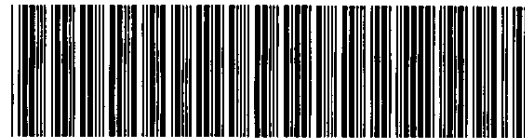
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

D. BRUCE
SEP 26 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6241 & 6265 West 22 Court 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:

Robert O. Schwarz

Name of Person

Samole Law Firm

Firm/Company

9700 S. Dixie Highway, Suite 630

Address

Miami, Florida 33156

City/State and Zip Code

rschwarz@samolelaw.com

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

For further information concerning this matter, please call:

Robert Schwarz

at (305) 670-5070

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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: 6241 & 6265 West 22 Court LLC

SECOND: The Florida Document number of the limited liability company is: L15000020978

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

8325 SW 2nd Street

Miami, Florida 33144

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

8325 SW 2nd Street

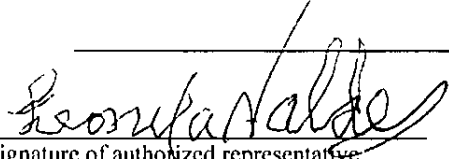
Miami, Florida 33144

FOURTH: The date the statement of authority became effective is: August 16, 2016

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is


Signature of authorized representative

Leonila Valdes

Typed or printed name of signature

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

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA