

LS000059100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

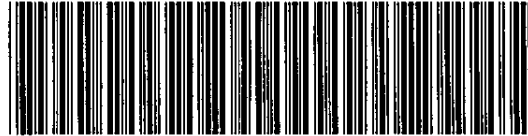
(Business Entity Name)

(Document Number)

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

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15 APR 30 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4 Stamps MAY 06 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HOLLY AIR SYSTEM 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:

LUIS M MORALES

Name of Person

HOLLY AIR SYSTEM LLC

Firm/Company

6220 S ORANGE BLOSSOM TRAIL STE 518

Address

ORLANDO, FLORIDA 32809

City/State and Zip Code

GLORIAVELEZ5@GMAIL.COM

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

For further information concerning this matter, please call:

GLORIA VELEZ

Name of Person

407

Area Code

704-8962

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: HOLLY AIR SYSTEM LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000059100

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

6220 SOUTH ORANGE BLOSSOM TRAIL

SUITE 518

ORLANDO, FLORIDA 32809

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

6220 SOUTH ORANGE BLOSSOM TRAIL

SUITE 518

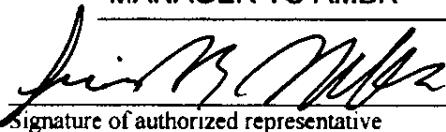
ORLANDO, FLORIDA 32809

**FOURTH:** The date the statement of authority became effective is: 04/02/2015

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

**OR**

The amendment to the statement of authority is  
TO AMEND THE PREVIOUS PHYSICAL ADDRESS AND TO  
CHANGE THE TITLE OF THE REPRESENTATIVE FROM  
MANAGER TO AMBR

  
Signature of authorized representative

LUIS M MORALES

Typed or printed name of signature

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

FILED  
15 APR 30 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA