

8/29/2019

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : M. FAEHNER, ESQ. LLC
Account Number : 120170000081
Phone : (727)443-5190
Fax Number : (727)474-9949

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLORIDIAN TRUST LLC**

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FL

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T GLASS
AUG 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDIAN TRUST 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:

MICHAEL J FAEHNER

Name of Person

M FAEHNER ESQ LLC

Firm/Company

600 BYPASS DR STE 100

Address

CLEARWATER FL 33764

City/State and Zip Code

FILINGS@MFAEHNER.COM

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

For further information concerning this matter, please call:

THOMAS CAMPBELL

Name of Person

at (727)

Area Code

443-5190

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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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: FLORIDIAN TRUST LLC

SECOND: The Florida Document number of the limited liability company is: L15000083912

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

600 BYPASS DR STE 100

CLEARWATER FL 33764

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

600 BYPASS DR STE 100

CLEARWATER FL 33764

FOURTH: The date the statement of authority became effective is: 06/08/2015

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Thomas A. Campbell,
Signature of authorized representative

THOMAS CAMPBELL

Typed or printed name of signature

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

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