

115000094232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

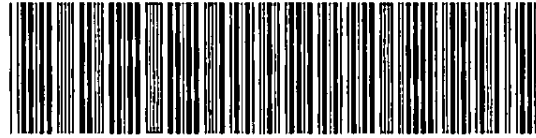
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JK
10/11/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5160 Watersong Way 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:

Adam R. Seligman, Esq.

Name of Person

Ward Damon, PL

Firm/Company

4420 Beacon Circle

Address

West Palm Beach, Florida 33458

City/State and Zip Code

aseligman@warddamon.com

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

For further information concerning this matter, please call:

Adam R. Seligman at (561) 515-5674
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: 5160 Watersong Way LLC

SECOND: The Florida Document number of the limited liability company is: L15000094232

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

7 Lagomar Road

Palm Beach, Florida 33480

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

7 Lagomar Road

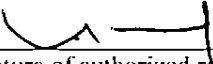
Palm Beach, Florida 33480

FOURTH: The date the statement of authority became effective is: May 28, 2015

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is


Signature of authorized representative

Mathieu P. Rosinsky

Typed or printed name of signature

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17 OCT 11 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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