

L15000124735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN SOCIAL TAMPA 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:

Lilly Perez

Name of Person

American Social

Firm/Company

1401 E Broward Blvd. S305

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

lilly@american.social

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

For further information concerning this matter, please call:

Anthony Mijares, Registered Agent

305

970-9600

at (_____)

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: AMERICAN SOCIAL TAMPA LLC

SECOND: The Florida Document number of the limited liability company is: L15000124735

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

1401 E Broward Blvd. Suite 305, Fort Lauderdale, FL 33301

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

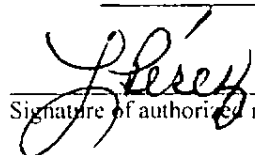
Same as above

FOURTH: The date the statement of authority became effective is: 12/04/2023

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is
to grant exclusive authority to Laurie D Mijares, Anthony Mijares and Richard J Mijares
to bind the Company to any matters or transaction(s), without limitations, including
matters involving real or personal property of the Company.


Signature of authorized representative

Lilly Perez, Controller
Typed or printed name of signature

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