

# L15000130439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

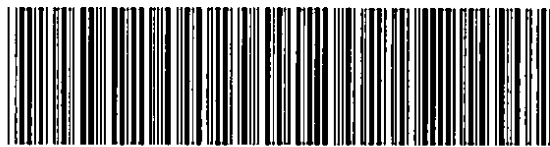
(Document Number)

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

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*See 2/12*

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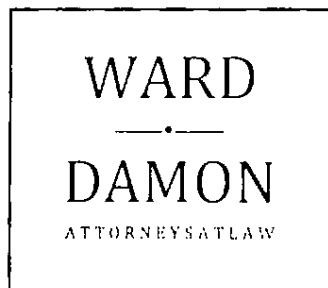
02/23/19--01925--005 \*\*150.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 FEB 22 AM 7:32

FILED

M. MILLIGAN  
MAR 07 2019



4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407  
Tel: (561) 842-3000  
Fax: (561) 842-3626  
[www.warddamon.com](http://www.warddamon.com)

*Adam R. Seligman, Esquire*  
[ASeligman@warddamon.com](mailto:ASeligman@warddamon.com)

February 21, 2019

**Via Federal Express**

Michelle Milligan  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Cancellation of statement of authority**


Michelle:

Enclosed please find the cancellation of statement of authority for the following companies:

1. 1001 N. Beneva Road LLC
2. 2023-2095 Hillview Street LLC
3. 2032 Arlington Street LLC
4. 326-330 St Armands Circle LLC
5. 374 St Armands Circle LLC
6. 17 Fillmore Drive LLC

Also, enclosed is our trust account check in the amount of \$150.00. Should you have any questions or concerns, please do not hesitate to contact our office.

Very truly yours,

  
Maria Lippiello  
Real Estate Paralegal

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: 17 FILLMORE DRIVE 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 33407

\_\_\_\_\_  
City/State and Zip Code

MLIPPIELLO@WARD DAMON.COM

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

For further information concerning this matter, please call:

MARIA LIPPIELLO

561

515-5674

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) 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: 17 FILLMORE DRIVE LLC

SECOND: The Florida Document number of the limited liability company is: L15000130439

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

1921 S. DIXIE HWY

WEST PALM BEACH, FLORIDA 33401

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

1921 S. DIXIE HWY

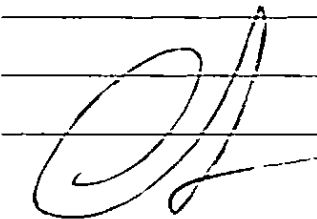
WEST PALM BEACH FLORIDA 33401

FOURTH: The date the statement of authority became effective is: APRIL 12, 2018

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is



Signature of authorized representative

ADAM R. SELIGMAN

Typed or printed name of signature

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

FILED  
2019 FEB 22 AM 7:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA