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COVER LETTER

TO: Registration Section Division of Corporations

YMP BARRINGTON, LLC

SUBJECT: _

• •

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:

Harvey Trautenberg

Name of Person

Firm/Company

4500 N State Road 7 Suite 100

Address

Lauderdale Lakes, FL 33319

City/State and Zip Code

htrautenberg@YMPRealEstate.com

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

For further information concerning this matter, please call:

Harvey Trautenberg ________at (______) 987-5418 ____________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

CR2E145 (2/14)

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

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Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: _____

IRD: The street address of the limited liability co	ompany's principal office is:		
4500 N State Road 7 Suite 100			
Lauderdale Lakes, FL 33319		_	
The mailing address of the limited liability 4500 N State Road 7 Suite 100	company's principal office is:	-	
Lauderdale Lakes, FL 33319		-	
<u> </u>	· · · ·	- : -	
JRTH: The date the statement of authority becan	ne effective is: 07/05/2022		· · ·
TH: The statement of authority is cancelled.		1100000	
		SELC.	:,
The amendment to the statement of	authority is		(
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		-	
nnm	Moshe Popack	-	
ture of authorized representative	Typed or printed name of	of signa	ture

CR2E145 (2/14)