L17000020706

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations
702-704 NE 7TH CT 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:
HORST SAVICKAS
Name of Person
702-704 NE 7TH CT LLC
Firm/Company
3573 ADMIRALS WAY
Address
DELRAY BEACH, FL 33483
City/State and Zip Code
TULA4TENNIS@YAHOO.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HORST SAVICKAS 201 936-6308
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E145 (2/14)

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

FIRST: The name of the limited liability company is:	
SECOND: The Florida Document number of the limited	d liability company is: L17000020706
THIRD: The street address of the limited liability comp	
DELRAY BEACH, FL 33483	
The mailing address of the limited liability co	ompany's principal office is:
DELRAY BEACH, FL 33483	
FOURTH: The date the statement of authority became FIFTH: The statement of authority is cancelled.	effective is: 01/21/2017
OR	· · · · · · · · · · · · · · · · · · ·
The amendment to the statement of au HORST SAVICKAS, MGR	thority is
TULA MARTHA SAVICKAS, MGR	
	<u>.</u>
	HORST SAVICKAS
Signature of authorized representative	Typed or printed name of signature

Certified Copy: \$30.00 (optional)

CR2E145 (2/14)