

L17000069491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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*Cancelled  
Statement of  
Authenticity*

NOV 20 2018

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GINOR 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:

Casey K. Weidenmiller, Esq.

Name of Person

Woods, Weidenmiller, Michetti & Rudnick, LLP

Firm/Company

9045 Strada Stell Court, Suite 400

Address

Naples, Florida 34109

City/State and Zip Code

scopeland@lawfirmnaples.com

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

For further information concerning this matter, please call:

Casey K. Weidenmiller, Esq.

at ( 239 )

325-4070

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

18 NOV -5 PM 12:24

11:10  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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: GINOR LLC

SECOND: The Florida Document number of the limited liability company is: L17000069491

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

158 Oakwood Court

Naples, FL 34110

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

3665 Bonita Beach Rd., Suite 1-3

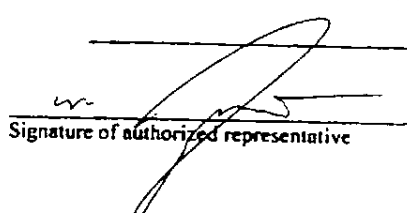
Bonita Springs, FL 34134

FOURTH: The date the statement of authority became effective is: April 1, 2017

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

  
Signature of authorized representative

  
Michael Norbert Glehler

Typed or printed name of signature

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

CR2E145 (2/14)

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