

L17000135557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

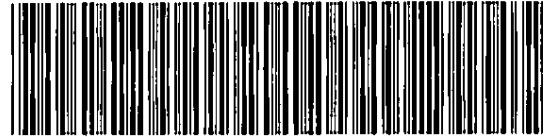
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Growing Santa Rosa Enterprises, 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:

Jerry Rolison

Name of Person

Growing Santa Rosa Enterprises, LLC

Firm/Company

4452 Hwy 87

Address

Navarre, FL 32566

City/State and Zip Code

jerry@growingsantarosaenterprises.com

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

For further information concerning this matter, please call:

Jerry Rolison

Name of Person

at ( 850 ) 936 5263

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: Growing Santa Rosa Enterprises, LLC

SECOND: The Florida Document number of the limited liability company is: L17000135557

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

4452 Hwy 87

Navarre, FL 32566

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

4452 Hwy 87

Navarre, FL 32566

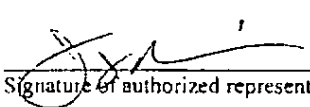
FOURTH: The date the statement of authority became effective is: February 26, 2018

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

annexed hereto and supersedes the statement of authority in its  
entirety.

  
Signature of authorized representative

Jerry Rolison

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)