

H17000135557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

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11-27-18

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Growing Santa Rosa Enterprises, LLC

Signature _____

Requested by: Seth

Name _____

11/26/18

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
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____ ☒ Art. of Amend. File _____
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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:

Kenneth R. Fountain

Name of Person

Growing Santa Rosa Enterprises, LLC

Firm/Company

2045 Fountain Professional Ct., Suite B

Address

Navarre, Florida 32566

City/State and Zip Code

Fountain@FountainLaw.com

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

For further information concerning this matter, please call:

Kenneth R. Fountain

at (850) 939-3535

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

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:

2045 Fountain Professional Ct.

Suite B

Navarre, Florida 32566

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

2045 Fountain Professional Ct.

Suite B

Navarre, Florida 32566

FOURTH: The date the statement of authority became effective is: October 1, 2018

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Made for the purposes of rendering null and void that certain

Statement of Authority filed October 1, 2018 by Jerry Rolison

and reinstating the Statement of Authority annexed hereto.


Signature of authorized representative

Kenneth R. Fountain

Typed or printed name of signature

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

2018 NOV 26 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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