

L17000/35557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

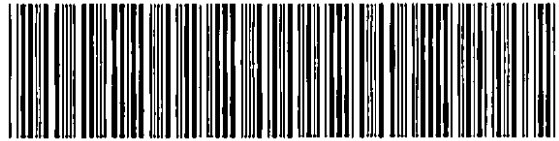
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Per. conversato - w/ Steve
File as (cancellation) -

Office Use Only



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SECRETARY OF STATE
12/13/18

M. MILLIGAN

DEC 13 2018

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

850

Area Code

936-5263

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

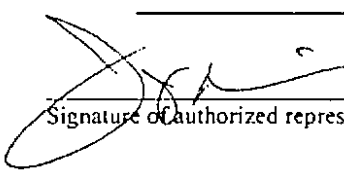
Navarre, FL 32566

FOURTH: The date the statement of authority became effective is: 11/26/2018

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

Jerrey Robinson
Typed or printed name of signature

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

2018 DEC 13 PM 1:34
SECRETARY OF STATE
JAN 11 2019