

L17000 144722

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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4/5/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2032 ARLINGTON STREET 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:

ADAM SELIGMAN, ESQ.

Name of Person

WARD DAMON

Firm/Company

4420 BEACON CIRCLE

Address

WEST PALM BEACH, FL 33407

City/State and Zip Code

ASELIGMAN@WARD DAMON.COM

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

For further information concerning this matter, please call:

ADAM SELIGMAN at (561) 842-3000
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

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TALLAHASSEE, FLORIDA

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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: 2032 ARLINGTON STREET LLC

SECOND: The Florida Document number of the limited liability company is: L17000144722

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

C/O BELMONT ASSOCIATES LLC

777 E. ATLANTIC AVENUE, SUITE 301

DELRAY BEACH, FL 33483

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

C/O BELMONT ASSOCIATES LLC

777 E. ATLANTIC AVENUE, SUITE 301

DELRAY BEACH, FL 33483

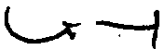
FOURTH: The date the statement of authority became effective is: 01-16-2018

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

N/A



Signature of authorized representative

MATHIEU P. ROSINSKY

Typed or printed name of signature

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

SECRETARY OF STATE
PALM BEACH, FLORIDA

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