

L17000 144748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

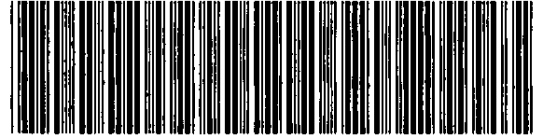
(Business Entity Name)

(Document Number)

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FILED  
2018 APR -4 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 05 2018  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2023-2095 HILLVIEW 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

**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: 2023-2095 HILLVIEW STREET LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000144748

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

35 SE 6TH AVENUE

DELRAY BEACH, FL 33483

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

35 SE 6TH AVENUE

DELRAY BEACH, FL 33483

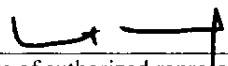
**FOURTH:** The date the statement of authority became effective is: 01-16-2018

**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 signatory

**FILED**  
**2018 APR -4 PM 3:00**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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