

L17000195032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

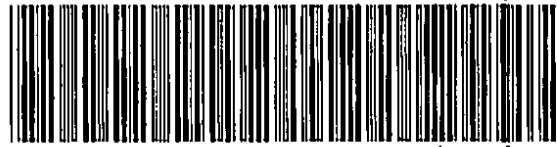
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TALLAHASSEE, FLORIDA

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D. SCOTT

NOV 6 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BREEZE THRU RESCREEN 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:

MATTHEW CARDELL

Name of Person

BREEZE THRU RESCREEN LLC

Firm/Company

2289 BARKSDALE ST

Address

PORT CHARLOTTE FL 33948

City/State and Zip Code

ANDREWCARDELL@YAHOO.COM

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

For further information concerning this matter, please call:

MATTHEW CARDELL

at

941

661-7897

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: BREEZE THRU RESCREEN LLC

SECOND: The Florida Document number of the limited liability company is: L17000195032

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

2289 BARKSDALE ST

PORT CHARLOTTE FL 33948

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

SAME AS ABOVE

FOURTH: The date the statement of authority became effective is: 10/31/2017

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

THERE ARE 2 MANAGER/MEMBERS TO THIS LLC. THEY ARE

MATTHEW M CARDELL and ANDREW M CARDELL and PLEASE

ADD OUR EIN TO THE ENTITY IT IS 82-3264635



Signature of authorized representative

ANDREW M CARDELL

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E145 (2/14)

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CLERK OF DISTRICT COURT
FLORIDA