L17000 236313

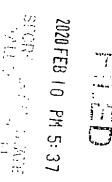
(Re	questor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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MARK E. FRIED, P.A.

ATTORNEY AT LAW 1110 BRICKELL AVENUE SUITE 310 MIAMI, FLORIDA 33131

Telephone (305) 371-7079 Facsimile (305) 371-5727 E-Mail: mfried@markfriedlaw.com

February 7, 2020

Sent Via UPS, Overnight Service

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Amendment or Cancellation of Statement of Authority

BEILE LLC - Florida Document Number: L17000236313 FANLU LLC - Florida Document Number: L16000149548 LEHA, LLC - Florida Document Number: L10000083400 RORIDA, LLC - Florida Document Number: L14000079002

Dear Sir or Madam:

Enclosed please find our request to CANCEL the Statement of Authority for the above referenced four companies. We have included check #3553 in the amount of \$100.00 to cover the \$25.00 Filing Fee required for each company.

Should you have any questions, please contact the undersigned. Thank you.

Sincerely,

MARK E. FRÆÐ, P.A

Sharon DiazGranados

Legal Assistant

sharon@markfriedlaw-com

Enclosure(s)

COVER LETTER

	ion of Corporations		
SUBJECT:	BEILE LLC		
SUBJECT	Name of Lim	ited Liability Con	npany
Dear Sir or Ma	adam:		
The enclosed a	Amendment or Cancellation of Stateme	nt of Authority ar	nd fee(s) are submitted for filing.
Please return a	all correspondence concerning this matt	er to the following	g:
MAR	RK E. FRIED		
	Name of Person		_
MAR	K.E. FRIED, P.A.		
	Firm/Company		_
1110 B	RICKELL AVENUE, SUITE 310		
	Address		_
	MIAMI, FLORIDA 33131		
	City/State and Zip Code	<u></u>	
mfried	d@markfriedlaw.com		
E-ma	ail address: (to be used for future annua	l report notification	on)
For further int	formation concerning this matter, please	eall:	
MAR	K E. FRIED	305	371-7079
	Name of Person	Area Code	Daytime Telephone Number
<u>Mai</u>	ling Address:		Street Address:
	istration Section		Registration Section Division of Corporations
	ision of Corporations . Box 6327		The Centre of Tallahassee
	ahassee, FL 32314		2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this lim FIRST: The name of the limited liability company is:	BEUELIC
SECOND: The Florida Document number of the limited	iability company is: L17000236313
THIRD: The street address of the limited liability compa	ny's principal office is:
MIAMI GARDENS, FLORIDA 33	169
The mailing address of the limited liability con 20741 NW 2nd AVENUE	npany's principal office is:
MIAMI GARDENS, FLORIDA 33	169
FOURTH: The date the statement of authority became e	APRIL 24, 2019
FIFTH: The statement of authority is cancelled. OR	្តែក្រុ
The amendment to the statement of auth	pority is
Marketin	Mark E. Fried, Attorney & Agent
Signature of authorized representative	Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E145 (2/14)