

L17000240152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

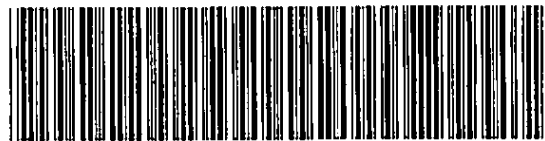
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 09 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BONITA PINES APARTMENTS 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: BONITA PINES APARTMENTS LLC

SECOND: The Florida Document number of the limited liability company is: L17000240152

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

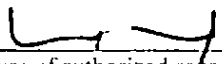
FOURTH: The date the statement of authority became effective is: 02-18-2018

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)

18 APR -4 AM 15:49