

L18000032509

(Requestor'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:

*See p 22*

Office Use Only

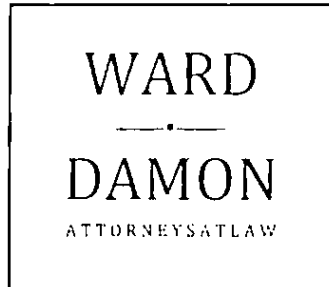


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FILED  
2019 FEB 22 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN  
MAR 07 2019



4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407  
Tel: (561) 842-3000  
Fax: (561) 842-3626  
[www.warddamon.com](http://www.warddamon.com)

*Adam R. Seligman, Esquire*  
[ASeligman@warddamon.com](mailto:ASeligman@warddamon.com)

February 21, 2019

**Via Federal Express**

Michelle Milligan  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Cancellation of statement of authority**

Michelle:

Enclosed please find the cancellation of statement of authority for the following companies:

1. 1001 N. Beneva Road LLC
2. 2023-2095 Hillview Street LLC
3. 2032 Arlington Street LLC
4. 326-330 St Armands Circle LLC
5. 374 St Armands Circle LLC
6. 17 Fillmore Drive LLC

Also, enclosed is our trust account check in the amount of \$150.00. Should you have any questions or concerns, please do not hesitate to contact our office.

Very truly yours,

A large, stylized handwritten signature in black ink, appearing to read "Maria Lippiello".

Maria Lippiello  
Real Estate Paralegal

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1001 N. BENEVA ROAD 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 R. SELIGMAN,ESQ.

\_\_\_\_\_  
Name of Person

WARD DAMON PL

\_\_\_\_\_  
Firm/Company

4420 BEACON CIRCLE

\_\_\_\_\_  
Address

WEST PALM BEACH FLORIDA 33407

\_\_\_\_\_  
City/State and Zip Code

MLIPPIELLO@WARD DAMON.COM

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

For further information concerning this matter, please call:

MARIA LIPPIELLO

561 515-5674

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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: 1001 N. BENEVA ROAD LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000032509

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

1921 S. DIXIE HWY

WEST PALM BEACH, FLORIDA 33401

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

1921 S. DIXIE HWY

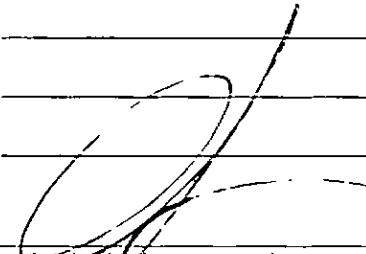
WEST PALM BEACH FLORIDA 33401

**FOURTH:** The date the statement of authority became effective is: APRIL 6, 2018

**FIFTH:** The statement of authority is cancelled.

**OR**

The amendment to the statement of authority is



Signature of authorized representative

ADAM R. SELIGMAN

Typed or printed name of signature

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

**FILED**  
2019 FEB 22 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA