

L18000033516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

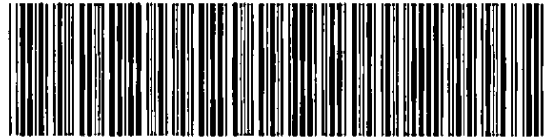
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Cancellation

JUN 22 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1902 PALM ACRES DRIVE 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

Name of Person

at (

561

Area Code

842-3000

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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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: 1902 PALM ACRES DRIVE LLC

SECOND: The Florida Document number of the limited liability company is: L18000033516

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

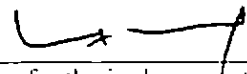
FOURTH: The date the statement of authority became effective is: 04-12-2018

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)

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