

K18000102043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

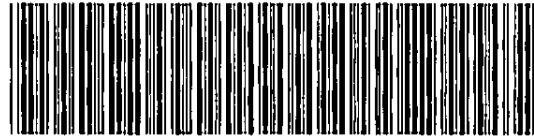
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2022 MAR 30 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seminole Escape Games 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:

Christopher Torchia, Esq.

Name of Person

Torchia Law Firm PA

Firm/Company

522 S Hunt Club Blvd PMB 326

Address

Apopka, FL 32703-4960

City/State and Zip Code

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

For further information concerning this matter, please call:

Christopher Torchia, Esq.

407

869-1004

Name of Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

FILED

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: Seminole Escape Games LLC

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SECOND: The Florida Document number of the limited liability company is: L18000102043

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

102 Towne Center Cir

Sanford, FL 32771

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

730 Florida Blvd

Altamonte Springs, FL 32701

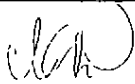
FOURTH: The date the statement of authority became effective is: 12/26/2018

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Canceled only as to the authority granted to Stephany Cerella Nazari



Signature of authorized representative

Iris A. Nazari

Typed or printed name of signature

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

CR2E145 (2/14)