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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

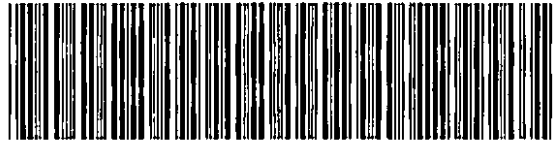
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TALLAHASSEE, FL

2022 JUL 28 PM 2:41

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COVER LETTER

TO: Registration Section  
Division of Corporations

SHTPEI DORAL LLC  
SUBJECT: \_\_\_\_\_

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:

TOM RUNYAN, ESQ.

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

THE RUNYAN LAW FIRM PA

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

1301 EAST OAKLAND PARK BLVD

\_\_\_\_\_  
Address

OAKLAND PARK, FL 33334

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

TOM@RUNYANLAWFIRM.COM

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

For further information concerning this matter, please call:

TOM RUNYAN

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

954

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

561-9466

\_\_\_\_\_  
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

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

FIRST: The name of the limited liability company is: SHTEPI DORAL, LLC

SECOND: The Florida Document number of the limited liability company is: L18000124399

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

1660 W HILLSBORO BLVD

DEERFIELD BEACH, FL 33442

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

1660 W HILLSBORO BLVD

DEERFIELD BEACH, FL 33442

FOURTH: The date the statement of authority became effective is: MAY 11, 2022

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Eduardo Jorge F de Medeiros  
dotloop verified  
07/14/22 9:47 PM BRT  
BUTH-BX1Q-QYN-4HMY

Signature of authorized representative

EDUARDO JORGE F DE MEDEIROS

Typed or printed name of signature

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

CR2E145 (2/14)

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JUL 28 PM 2:41

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