

L18 000 170398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

321 House Assist, 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:

Daniel Sicchio

Name of Person

321 House Assist, LLC

Firm/Company

941 Dixon Blvd

Address

Cocoa, FL 32922

City/State and Zip Code

dan@321houseassist.com

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

For further information concerning this matter, please call:

Daniel Sicchio

321

298-3400

at (_____) _____

Name of Person

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

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

321 House Assist, LLC

FIRST: The name of the limited liability company is: _____

SECOND: The Florida Document number of the limited liability company is: LI18000170398

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

941 Dixon Blvd

Cocoa, FL 32922

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

941 Dixon Blvd


Cocoa, FL 32922

FOURTH: The date the statement of authority became effective is: June 13, 2019

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is



Signature of authorized representative

Daniel Sicchio MGRM

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)