

L18000216563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

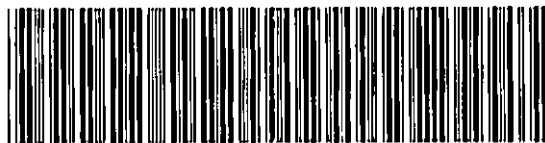
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/10/20--01042--003 \*\*25.00

MAR 05 2020  
S. YOUNG

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
ATLANTA, GEORGIA

2020 FEB 10 AM 7:13

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GULF BREEZE SHORES 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:

TINA SMITH

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

MERIDETH NAGEL, PA

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

1201 W. HIGHWAY 50

\_\_\_\_\_  
Address

CLERMONT, FL 34711

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

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

For further information concerning this matter, please call:

TINA SMITH

352

394-7408

\_\_\_\_\_  
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**

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

**FIRST:** The name of the limited liability company is: Gulf Breeze Shores LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000216563

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

4741 Atlantic Blvd.

Suite F

Jacksonville, FL 32207

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

277 Locust St.

Suite A

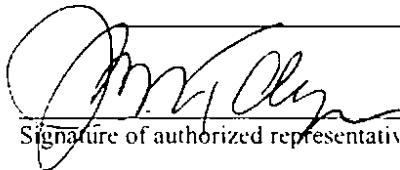
Dover, NH 03820

**FOURTH:** The date the statement of authority became effective is: 10/24/2019

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

**OR**

The amendment to the statement of authority is  
to add Susan Roberts authority to execute an instrument transferring real property held  
in the name of the company.

  
\_\_\_\_\_  
Signature of authorized representative

Joseph T. Clayton  
\_\_\_\_\_  
Typed or printed name of signature

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

**FILED**  
2020 FEB 10 AM 7:13  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA