

L190000007748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

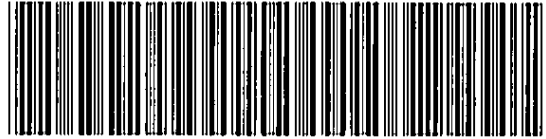
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**WALK IN**

**PICK UP:** 2/17 DANNY

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**CANCELLATION**

**1. INMO INVESTMENT GROUP LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INMO INVESTMENT GROUP 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:

Alejandro I. Velez, Esq.

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

INMO INVESTMENT GROUP LLC

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

3785 NW 82nd Avenue Suite 117

\_\_\_\_\_  
Address

Miami, Florida 33166

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

alex@inmogrp.com

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

For further information concerning this matter, please call:

Alejandro I. Velez, Esq.

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

305  
at ( )

Area Code

425-1565

\_\_\_\_\_  
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: INMO INVESTMENT GROUP LLC

**SECOND:** The Florida Document number of the limited liability company is: L19000007748

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

3785 NW 82nd Avenue Suite 117

Miami, Florida 33166

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

3785 NW 82nd Avenue Suite 117

Miami, Florida 33166

**FOURTH:** The date the statement of authority became effective is: 03/11/2019

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

**OR**

The amendment to the statement of authority is

Alejandro I. Velez or Alejandro G. Velez can sign and bind the Company unilaterally.

All previous Statements of Authority are hereby cancelled.

  
Signature of authorized representative

Alejandro I. Velez

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

CR2E145 (2/14)

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