L19000042770



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COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	YMP Grand Court Lakes LLC			
SOBJECT.	Name of Limited Liability Company			
Dear Sir or I	Madam:			
The enclosed	d Amendment or Cancellation of	Statement of Authority an	nd fee(s) are submitted for filing.	
Please returr	nall correspondence concerning the	his matter to the following	g:	
Harvey Trau	utenberg			
	Name of Person		-	
	Firm/Company		-	
4500 N State	Road 7 Suite 100			
	Address		-	
auderdale 1	Lakes, FL 33319			
	City/State and Zip Code			
itrautenb e rgi	@YMPRealEstate.com			
E-m	nail address: (to be used for future	annual report notification	n)	
or further in	formation concerning this matter.	, please call:		
darvey Trau	tenberg	305	987-5418	
	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

ECOND: The Florida Document number of the limited liability company is: L19000042770			
	limited liability company's principal office is:		
4500 N State Road 7 Suite	100		
Lauderdale Lakes, FL 333	19		
The mailing address of the 4500 N State Road 7 Suite	ne limited liability company's principal office is:		
Lauderdale Lakes, FL 333	19		
RTH: The date the statement	of authority became effective is: 07/05/2022	· · ·	
TH: The statement of author	rity is cancelled.	:	
The amendment to	the statement of authority is	₽, = 	

Certified Copy: \$30.00 (optional)