

L190000043532

(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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CLERK OF STATE
TALLAHASSEE, FL

**CORPORATE
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236 East 6th Avenue, Tallahassee, Florida 32303
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WALK IN

PICK UP: 02/02/2023

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** STATEMENT OF AUTHORITY AMANEDMENT

1. FLORIDA TRUSTS SERVICES 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 #)

file / SE

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Trust Services LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Strickler

Name of Person

Firm/Company

11 Carson Ave

Address

Babson Park, FL 33827

City/State and Zip Code

floridatrustservicesllc@gmail.com

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

For further information concerning this matter, please call:

Kevin Strickler

at 813 728-7114

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:

FIRST: The name of the limited liability company is: Florida Trust Services LLC

SECOND: The Florida Document number of the limited liability company is: L19000043532

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

11 Carson Ave

Babson Park, FL 33827

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

11 Carson Ave

Babson Park, FL 33827

FOURTH: The date the statement of authority became effective is: 06/27/2019

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

The Statement of Authority issued on June 27, 2019 is cancelled.



Signature of authorized representative

Kevin T Strickler

Typed or printed name of signature

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

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CLERK OF STATE
TALLAHASSEE, FL