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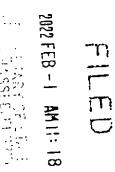
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PICK-UP WAIT MAIL		
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Cancellation 07 Statement 07 authority 02/01/22-01014-004 ++25.00



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vision of Corporations le Centre of Tallahassee

Tallahassee, FL 32303

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

SECON	D: The Florida Document number of the limited liability company is: 1.19000215083	
THIRD	: The street address of the limited liability company's principal office is: 1530 NW 98 COURT	20
	SUITE 101	A RA
	DORAL, FL 33172	ME FEB-1
	The mailing address of the limited liability company's principal office is: 1530 NW 98 COURT	- B - 18
	SUTTE 101	7
	DORAL, FL 33172	
FOURT	H: The date the statement of authority became effective is:	
FIFTH:		
o R		
	The amendment to the statement of authority is	
	ALBERT CLARAMONTE.	AMBR
Signatur	e of authorized representative Typed or printed name of	

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limite FIRST: The name of the limited liability company is:	DEL CES SOUTHING OF THE
SECOND: The Florida Document number of the limited lia	ability company is: L19000215083
THIRD: The street address of the limited liability company	y's principal office is:
SUITE 101	رع ــــــــــــــــــــــــــــــــــــ
DORAL, FL 33172	No.2 FEB
The mailing address of the limited liability comp	pany's principal office is:
SUITE 101	· · · · · · · · · · · · · · · · · · ·
DORAL, FL 33172	
FOURTH: The date the statement of authority became effe	
FIFTH: The statement of authority is cancelled.	
OR	
The amendment to the statement of author	rity is
	
Signature of authorized representative	ALBERT CLARAMONTE, AMBR
organical cort auxiorized representative	Typed or printed name of signature

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

CR2E145 (2/14)