

L19000272964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

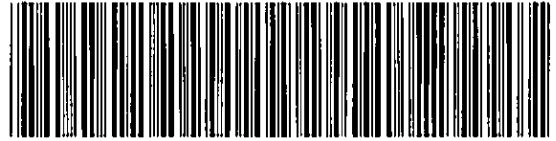
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**CORPORATE  
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**WALK IN**

**PICK UP:** 12/20/2019

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** AMENDMENT \_\_\_\_\_

1. DORAL AZUL 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILE 15+

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DORAL AZUL 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:

NANCY R. PASTOR

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

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

645 MADEIRA AVENUE

\_\_\_\_\_  
Address

CORAL GABLES, FL 33134

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

nancypastor23@gmail.com

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

For further information concerning this matter, please call:

EUGENIO DUARTE, ESQ.

305

444-1958

\_\_\_\_\_  
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: DORAL AZUL LLC

**SECOND:** The Florida Document number of the limited liability company is: L19000272964

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

645 MADEIRA AVENUE

CORAL GABLES, FL 33134

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

645 MADEIRA AVENUE

CORAL GABLES, FL 33134

**FOURTH:** The date the statement of authority became effective is: NOVEMBER 14, 2019

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

**OR**

The amendment to the statement of authority is

Nancy Pastor  
Signature of authorized representative

NANCY R. PASTOR  
Typed or printed name of signature

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

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