

L19000272964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

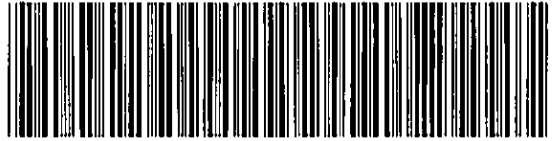
(Document Number)

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DEC 23 2019



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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 12/20/2019

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- 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 #)

FILE 1st

**SPECIAL
INSTRUCTIONS:**

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

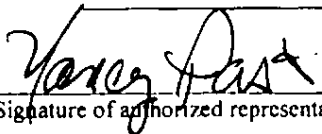
CORAL GABLES, FL 33134

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


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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