L21000200189

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

Division of Corporations	
MIAMI PALMS, LLC. SUBJECT:	
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:	
GARY I. HANDIN, ESQ.	
Name of Person	
GARY I. HANIND, P.A.	
Firm/Company	23
3111 UNIVERSITY DRIVE- SUITE 605	2 8JJ
Address	
CORAL SPRINGS, FLORIDA 33065	· 登 · · · · · · · · · · · · · · · · · ·
City/State and Zip Code	6: -0
WILLIAMFAM@HOTMAIL.COM	÷
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
GARY I. HANDIN 954 796-9600	
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

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AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

COND: The Florida Document number of the limited liability company is: L21000200189		
IRD: The street address of the limited liability company's p	orincipal office is:	
484 Tilford V, Deerfield Beach, Florida 33442		_
		_
The mailing address of the limited liability company 484 Tilford V, Deerfield Beach, Florida 3344	s principal office is:	-
		-
		_
RTH: The date the statement of authority became effective	February 6, 2023	_
TH: The statement of authority is cancelled.		
The amendment to the statement of authority is	3	
Remove Rabea Almallak from any certificate of authori	ty	
William Fam to remain with full authority		_
		_
^		

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E145 (2/14)