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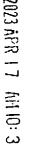
(Requestor's Name)				
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PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ne)		
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Certified Copies	Certificates	s of Status		
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Special Instructions to	Filing Officer:			
		<u>.</u>		





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06/23/23--01008--008 **25.00



COVER LETTER

SUBJECT: 12864 S Shore Drive LLC			
Name of Limit	ted Liability Co	ompany.	
Dear Sir or Madam:			
The enclosed Amendment or Cancellation of Statemen	t of Authority	and fee(s) are submitted f	for filing.
Please return all correspondence concerning this matter	r to the follow	ing:	
Mac Ross			
Name of Person		_	
Law Office of Kyle Felty, P.A.			2023
Firm/Company		_	TO THE
725 N AIA C-112			2023 APR 17 MH 10: 39
Address		_	至
Jupiter FL, 33477			
City/State and Zip Code		_	٠ - ٠
mac@kylefelty.com			
E-mail address: (to be used for future annual	report notificat	tion)	
For further information concerning this matter, please of	call:		
Mac Ross	561 at (614-6606	
Name of Person	Area Cod) e Daytime Telephor	ne 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

	The name of the limited liability company is: 12864 S Shore D		ving:		
SECONI	2: The Florida Document number of the limited liability compa	ny is:			<u> </u>
	The street address of the limited liability company's principal 12864 S Shore Drive West Palm Beach FL 33410	office is:	-		
- :	The mailing address of the limited liability company's princip Same as above	al office is:	-		
- FOURTI	1: The date the statement of authority became effective is:	-5-2022	- - - - -	2023 APR 17	وسدی ن ۳ نیو بعر
FIFTH:	The statement of authority is cancelled. The amendment to the statement of authority is		Sir	AH 10: 39	100
Signature	of authorized representative	Justin angle Typed or printed name o	- - f signal	ture	

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E145 (2/14)