

123000145949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

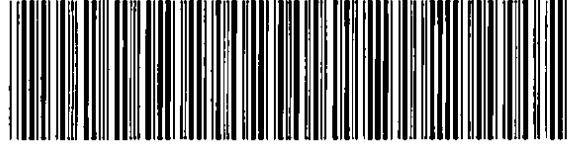
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAGGOTTY HIGH SCHOOL ALUMNI ASSOCIATION (US SOUTHERN REGION).

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:

PAULETTE BROOKS

Name of Person

MAGGOTTY HIGH ALUMNI ASSOCIATION (US SOUTHERN REGION)

Firm/Company

1561 PHEASANT WALK B

Address

FORT PIERCE, FLORIDA 34950

City/State and Zip Code

lqing92000@gmail.com

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

For further information concerning this matter, please call:

PAULETTE BROOKS

772

672-1534

at ( )

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

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: MAGGOTTY HIGH SCHOOL ALUMNI ASSOCIATION  
(US SOUTHERN REGION)

**SECOND:** The Florida Document number of the limited liability company is: L23000145949

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

1561 PHEASANT WALK B

FORT PIERCE, FLORIDA 34950

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

**FOURTH:** The date the statement of authority became effective is: MARCH 1ST, 2023

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

OR

The amendment to the statement of authority is

MAGGOTTY HIGH ALUMNI ASSOCIATION  
(US SOUTHERN REGION)

  
Signature of authorized representative

PAULETTE BROOKS  
Typed or printed name of signature

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

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