

216000149548

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

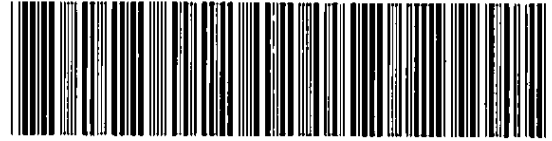
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FANLU 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:

MARK E. FRIED

Name of Person

MARK E. FRIED, P.A.

Firm/Company

1110 BRICKELL AVENUE, SUITE 310

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

mfried@markfriedlaw.com

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

For further information concerning this matter, please call:

MARK E. FRIED

305

371-7079

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: FANLU LLC

SECOND: The Florida Document number of the limited liability company is: L16000149548

THIRD: The street address of the limited liability company's principal office is:  
20741 NW 2nd AVENUE

MIAMI GARDENS, FLORIDA 33169

The mailing address of the limited liability company's principal office is:  
20741 NW 2nd AVENUE

MIAMI GARDENS, FLORIDA 33169

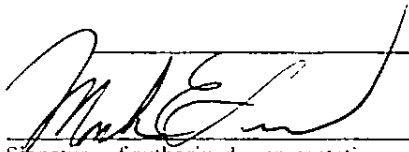
FOURTH: The date the statement of authority became effective is: APRIL 24, 2019

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

\_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized representative

Mark E. Fried, Attorney & Agent  
\_\_\_\_\_  
Typed or printed name of signature

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2020 FEB 10 PM 5:37  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

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