

COVER LETTER

TO: Registration Section
Division of Corporations

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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: _____

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

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

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

FOURTH: The date the statement of authority became effective is: _____

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Signature of authorized representative

Typed or printed name of signature

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