

**LO3003290053**  
 Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : VAN WINKLE & SAMS, P.A.  
 Account Number : I20030000032  
 Phone : (941)923-1685  
 Fax Number : (941)923-0174

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Your.Lawyer@gmail.com

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 TAMSHAW, LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

2017 DEC 15 PM 12:50

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tamshaw LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laurie B. Sams, Esq

Name of Person

Van Winkle & Sams PA

Firm/Company

3859 Bee Ridge Road

Address

Sarasota Florida 34233

City/State and Zip Code

your1attorney@gmail.com

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

For further information concerning this matter, please call:

Laurie Sams

Name of Person

941

Area Code

923-1685

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

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21 FEB 15 A 8 59

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Tamshaw LLC

SECOND: The Florida Document Number of the limited liability company is: L03000030379

THIRD: The street address of the limited liability company's principal office is:  
7216 John Silver Lane  
Sarasota FL 34231

The mailing address of the limited liability company's principal office is:  
3472 Corte Panorama  
Carlsbad CA 92009

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company:

a. Granted to: Adrienne Sundberg

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company:

a. Granted to: Adrienne Sundberg

b. No authority granted to: \_\_\_\_\_



Signature of authorized representative

Charles H. Borden

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$38.00 (optional)

CR2E158 (2/14)

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