

L0900006588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

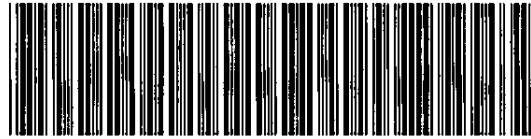
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SH PELED 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:

**DEE CHOPYAK**

\_\_\_\_\_  
Name of Person

**MICHAEL E. LEACH, PA**

\_\_\_\_\_  
Firm/Company

**2400 E. COMMERCIAL BLVD, SUITE 706**

\_\_\_\_\_  
Address

**FORT LAUDERDALE, FL 33308**

\_\_\_\_\_  
City/State and Zip Code

**SHRAGA@PELEDDIAMONDS.COM**

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

For further information concerning this matter, please call:

**DEE CHOPYAK**

**954**

**351-8800**

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

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: SH Peled LLC

SECOND: The Florida Document Number of the limited liability company is: LO9000100588

THIRD: The street address of the limited liability company's principal office is:  
15530 Hawker Lane  
Wellington, FL 33414

The mailing address of the limited liability company's principal office is:  
P O Box 721616  
San Diego CA 92172

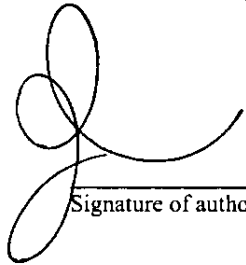
FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.  
a. Granted to: Shraga Peled

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: Shraga Peled

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

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

Shraga Peled  
\_\_\_\_\_  
Typed or printed name of signature

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

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