L11000135979

, (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cir	ty/State/Zip/Phone #	r)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
(Document Number)		
Certified Copies	_ Certificates c	of Status
Special Instructions to Filing Officer:		
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Office Use Only



900273287579

06/01/15--01002--002 **25.00

900273287579 06/01/15--01002--001 **30.00

FILED

15 JUN -1 AM 7: 20

SECRETARY OF STATE

JUN - 3 2015

T. HAMPTON



May 28, 2015

REGISTRATION SECTION DIVISION OF CORPORATIONS CLIFTON BUILDING 2661 EXECUTIVE CENTER CIRCLE TALLAHASSEE, FLORIDA 32301

FED EX: 7736 9944 2828

RE: GOLD COAST CONTRACTORS II, LLC

To Whom It May Concern:

Enclosed please find the following documents for:

- COVER LETTER
- STATEMENT OF AUTHORITY

Also please find enclosed check #11091 in the amount of \$25.00 for the FILING FEE and check #11092 in the amount of \$30.00 for the CERTIFIED COPY OF THE STATEMENT OF AUTHORITY for the above referenced documents. Should you have any questions, please do not hesitate to contact us.

Distribution of the second

Enclosed you will find a stamped, self-addressed envelope to return the recorded document(s).

Thank you in advance for your courtesy and cooperation.

Very truly yours,

Holly Rimar

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gold Coast Contractors II, LL 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:
Kyle Stabile Name of Person
Firm/Company
Do Box 220617 Address
Holywon, FL 3 3 022 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kyle Stabile at (984), 444-9059
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: Gold Coast Contractors Tyllo
SECOND: The Florida Document Number of the limited liability company is: <u>L 1100135979</u>
THIRD: The street address of the limited liability company's principal office is:
DAVIE FL 33328
The mailing address of the limited liability company's principal office is:
Do Box 220617 Holywood FC 33022
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:
May execute an instrument transferring real property held in the name of the company.
a. Granted to: Ky le Stafall Q
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:
b. No authority granted to:
My le Stalaile
Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)