

4180003388223
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : NAJMY THOMPSON, P.L.
 Account Number : I20090000014
 Phone : (941)907-3999
 Fax Number : (941)907-8999

STATE OF FLORIDA
 TALLAHASSEE, FL

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

Email Address: Skelly@najmythompson.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 102 47TH LLC**

Certificate of Status	0
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Page Count	02
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NOV 29 2018

S. PRATHER

From:

11/28/2018 14:58

#397 P.002/003

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 102 47th 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:

Sean Kelly

Name of Person

Najmy Thompson, P.L.

Firm/Company

1401 8th Avenue West

Address

Bradenton, FL 34205

City/State and Zip Code

skelly@najmythompson.com

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

For further information concerning this matter, please call:

Sean Kelly

941

748-2216

Name of Person

at ()

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

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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: 102 47th LLC

SECOND: The Florida Document Number of the limited liability company is: L18000177994

THIRD: The street address of the limited liability company's principal office is:
1401 8th Avenue West
Bradenton, FL 34205

The mailing address of the limited liability company's principal office is:
1401 8th Avenue West
Bradenton, FL 34205

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

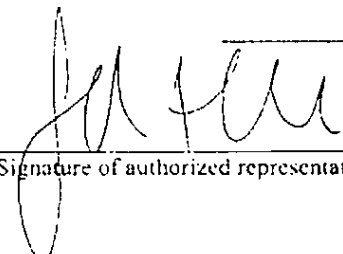
a. Granted to: _____

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: Roman Eckert as Authorized Agent for the
purposes of signing permitting documents for Company.

b. No authority granted to: _____



Signature of authorized representative

Shawn Kaleta

Typed or printed name of signature

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

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