To: +18506176383

Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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	To:	Division of Corporations Fax Number : (850)617-6383	on of Corporations							
	Prom:	Account Name : HOLLAND & KNIC Account Number : 12000000112 Phone : (305)789-7758 Fax Number : (305)789-7799	2021 NOV 1 9 AM 10: 1.7							
P# 4:25	**Enter the email address for this business entity to be used for tuture annual report mailings. Enter only one email address please.** Email Address:									
2021 NOV 19 P	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA COAST EQUIPMENT, LLC Continue of Status									
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Electronic Filing Menu

Corporate Filing Menu

Help

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(((H21000428639 3)))

STATEMENT OF AUTHORITY

authority:					mpany submits the follo	owing statement of			
FIRST:	RST: The name of the limited liability company is: Florida Coast Equipment, LLC								
SECONE): The Flor	ida Document Numl	ber of the limited li	ability compa	L21000179896				
	The street address of the limited liability company's principal office is: 357 Pike Road, Suite 7								
	West Palm	Beach, FL 33411				2021 NOV			
•		ng address of the lim			al office is:				
	West Palm	Beach, FL 33411							
position of person or	of a person in the follow	tement of authority and a company, whething:	grants or sets limita ter as a member, tra transferring real pr	tions of authoristeree, man	ority on all persons hav ager, officer or otherwi in the name of the comp	ing the status or ise or to a specific pany.			
	a. b.		<u>.</u>			····			
	2. Миу с	nter into other transa		, or otherwise	e act for or bind, the co				
	b.	No authority gran	ted to: N/A			 			
Signatur	e of authori	zed representative	Filing Fee:	\$25,00	Jason Todd Bachman Typed er printed nam	e of signature			
			Certified Cop		ptional)				