L22000055503

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2022 MAR | 1 PM 3: 02 SECRETARY OF STATE

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	8516 Palm Harbour Drive, LLC		
		f Limited Liability Com	pany
Dear Sir or	Madam:		
The enclose	ed Statement of Authority and fee(s)	are submitted for filing.	
Please retur	n all correspondence concerning this	matter to the following	:
Shekeab Ja	uhari		
	Name of Person		
Sabal Palm	Properties, LLC		
	Firm/Company		
709 Broado	ak Loop		
	Address		
Sanford, Fl	. 32771		
	City/State and Zip Code		
manager@s	sabalpalmpropertieslle.com		
E-	mail address: (to be used for future a	innual report notification	1)
For further	information concerning this matter, p	olease call:	
Shekeab Jai	uhari	786 at (247-1191)
-	Name of Person	Area Code	Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303

STATEMENT OF AUTHORITY

FILED

Pursuant to section 605.0302(1), Florida Statutes, this limited liabili authority:	2022 MAR 11 PM 3: 02
FIRST: The name of the limited liability company is: 8516 Palm F	Harbour Drive, LLC SECRETARY OF STATE TALLAHASSEE, FL
SECOND: The Florida Document Number of the limited liability of	
THIRD: The street address of the limited liability company's prince 7901 4th Street North, Suite 300	ripal office is:
St. Petersburg, FL 33702	
The mailing address of the limited liability company's pr 7901 4th Street North, Suite 300	rincipal office is:
St. Petersburg, FL 33702	
FOURTH: This statement of authority grants or sets limitations of position of a person in a company, whether as a member, transferee, person on the following: 1. May execute an instrument transferring real property h a. Granted to: Shekeab Jauhari	manager, officer or otherwise or to a specific neld in the name of the company.
b. No authority granted to:	
2. May enter into other transactions on behalf of, or othe a. Granted to: Shekeab Jauhari	rwise act for or bind, the company.
b. No authority granted to:	
	Shekeab Jauhari
Signature of authorized representative Filing Fee: \$25.0	Typed or printed name of signature

Certified Copy: \$30.00 (optional)