L15000146770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

SEP 16 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2814 W. VIRGINIA AVE., 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:

Donald R. Hall, Esq.
Name of Person

Goza and Hall, P.A.
Firm/Company

28050 U.S. Hwy. 19 N., Suite 402
Address

Clearwater, FL 33761
City/State and Zip Code

dhall@gozahall.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald R. Hall at (727) 799-2625
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

CR2E138 (2/14)

Law Offices
GOZA AND HALL, P.A.
28050 U.S. Hwy. 19 North
Suite 402, Corporate Square
Clearwater, Florida 33761

Telephone (727) 799-2625
Fax (727) 796-8908
Attorney emails: dhall@gozahall.com
abrannon@gozahall.com

September 14, 2015

VIA UPS OVERNIGHT DELIVERY

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

Re: Statement of Authority - "2814 W. Virginia Ave., LLC"

Dear Sir/Madam:

Enclosed please find our client's Statement of Authority for the above captioned LLC.

Also enclosed is our check in the amount of $55.00 for the filing fee and a **certified copy to be returned to our office at the address at the top of this letter.**

If you have any questions or require any additional information, please do not hesitate to contact us.

Very truly yours,

Barbara Brown,
Legal assistant to Donald R. Hall, Esq.
/bb
Enc.'s

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: 2814 W. Virginia Ave., LLC

SECOND: The Florida Document Number of the limited liability company is: L15000146770

THIRD: The street address of the limited liability company's principal office is:

2814 W. Virginia Ave.
Tampa, FL 33607

The mailing address of the limited liability company's principal office is:

2814 W. Virginia Ave.
Tampa, FL 33607

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: Karin Swisher Hotchkiss
   b. No authority granted to: n/a
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.
   a. Granted to : Karin Swisher Hotchkiss
   b. No authority granted to: n/a

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TALLAHASSEE, FLORIDA

Karin Swisher Hotchkiss

Signature of authorized representative

Karin Swisher Hotchkiss
Typed or printed name of signature

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

CR2E138 (2/14)