# L18000291264

(Requestor's Name)	
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(Business Entity Name)	
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#### **COVER LETTER**

Division of Corporations		•
SG ELMS LLC SUBJECT:		
	mited Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following	:
Eitan Sachs		
Name of Person	<del></del>	
SG ELMS LLC		
Firm/Company		
252 Osprey Point Drive		
Address	<del></del>	
Osprey, FL 34229		
City/State and Zip Code		
eitansachs@aol.com		
E-mail address: (to be used for future annu	ual report notification	n)
For further information concerning this matter, plea	se call:	
Eitan Sachs	301 at (	526-8553
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

TO:

Registration Section

### STATEMENT OF AUTHORITY

authority:		ELMS LLC	-
SECOND: The Florida Doc	ument Number of the limited	liability company is:	
THIRD: The street address of 252 Osprey Point Di	rive, Osprey, FL 34229	y's principal office is:	ZŪZZ JUN 13
	ss of the limited liability comprise. Osprey, FL 34229	pany's principal office is:	AHASSEE FLORIDA
position of a person in a comperson on the following:  1. May execute an	any, whether as a member, tra	ations of authority on all persons having ansferee, manager, officer or otherwise or operty held in the name of the company esley Sachs (Member)	or to a specific
b. No auth	nority granted to:		
	other transactions on behalf of to: Eitan Sachs (member); I	or otherwise act for or bind, the compacted by Sachs (member)	ıny.
b. No auth	ority granted to:		
Signature of authorized repress	entative Filing Fee:	Eitan Sachs Typed or printed name of \$25.00	signature

CR2E138 (2/14)