

LO10000010156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

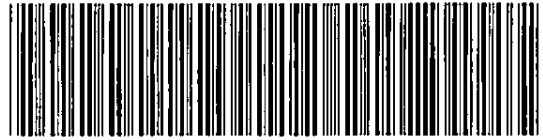
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHELTAIR AVIATION CENTER, 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:

IRIS ROJAS

Name of Person

HEALTH AND WEALTH MANAGEMENT LLC

Firm/Company

1440 BLOOMINGDALE AVE

Address

VALRICO, FL 33596

City/State and Zip Code

HEALTHANDWEALTHMANAGERS@GMAIL.COM

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

For further information concerning this matter, please call:

IRIS ROJAS

813

770-0672

at ()

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

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: SHIELTAIR AVIATION CENTER, LLC

SECOND: The Florida Document Number of the limited liability company is: L01000010156

THIRD: The street address of the limited liability company's principal office is:
5302 NW 21ST TERRACE
FORT LAUDERDALE, FL 33309

The mailing address of the limited liability company's principal office is:
1440 BLOOMINGDALE AVE
VALRICO, FL 33596

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.

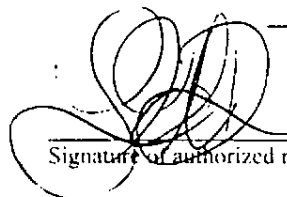
a. Granted to: ANDERSON, TODD HOLLAND, LISA

b. No authority granted to: ROJAS, IRIS

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to: IRIS ROJAS

b. No authority granted to: _____



Signature of authorized representative

LISA HOLLAND

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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