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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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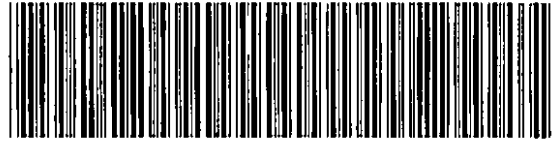
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AUG 15 2018  
S. YOUNG

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18 AUG 13 PM 6:46  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANGEL SISTERS, 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:

JAMES M. WEAVER, ESQ.

Name of Person

JAMES M. WEAVER, PA

Firm/Company

240 E. PARK AVE.

Address

LAKE WALES, FL 33853

City/State and Zip Code

mjtunno@me.com

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

For further information concerning this matter, please call:

PATRICIA A. TUNNO

Name of Person

863

Area Code

307-9814

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

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TALLAHASSEE, FLORIDA

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: ANGEL SISTERS, LLC

SECOND: The Florida Document Number of the limited liability company is: L02000010112

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

300 SPENCER SHORES

HAINES CITY, FL 33844

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

300 SPENCER SHORES

HAINES CITY, FL 33844

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: PATRICIA A. TUNNO, MANAGER

b. No authority granted to: \_\_\_\_\_

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

a. Granted to: PATRICIA A. TUNNO, MANAGER

b. No authority granted to: \_\_\_\_\_

*As Trustee for both trusts*

*Patricia Angel Tunno*

Signature of authorized representative

WYCKLIFFE CHAMPNEYS TUNNO, JR. AND PATRICIA ANGEL TUNNO, TRUSTEES OF THE WYCKLIFFE CHAMPNEYS TUNNO, JR. REVOCABLE TRUST UNDER AGREEMENT

Filing Fee:

\$25.00

Certified Copy: \$30.00 (optional)

Typed or printed name of signature DATED MAY 28, 2002, GENERAL PARTNER, AND PATRICIA ANGEL TUNNO AND WYCKLIFFE CHAMPNEYS TUNNO JR., TRUSTEES OF THE PATRICIA ANGEL TUNNO REVOCABLE TRUST UNDER AGREEMENT DATED MAY 28, 2002, GENERAL PARTNER OF TUNNO ANGEL LIMITED PARTNERSHIP, MEMBER