

**102000010112**

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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

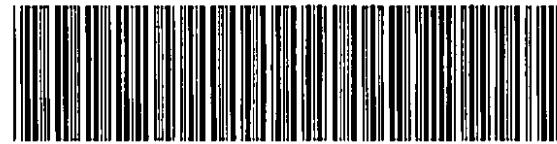
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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18 AUG 15 PM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

K SALY  
AUG 22 2018

**JMW** | LAW OFFICES  
JAMES M. WEAVER, PA

August 13, 2018

Registration Section  
Division of Corporation  
Post Office Box 6327  
Tallahassee, FL 32314

Re: *Angel Sisters, LLC/ Document No. L02000010112*

Dear Sir or Madam:

Enclosed please find the following documents for filing for Angel Sisters, LLC:

1. Statement of Authority; and
2. Articles of Amendment to Articles of Organization.

In addition, enclosed please find the Affidavit of Attorney in Fact and a copy of the Durable Power of Attorney for Mary Jane Gregory for your records.

Also enclosed please find our general check # 3669 in the amount of **\$50.00**.

If you should have any questions or need anything further, please do not hesitate to call.

Sincerely yours,



Shelby L. Loveless, Esq.  
[sloveless@lakewaleslaw.net](mailto:sloveless@lakewaleslaw.net)

/sl/ms

Enclosures

cc via email: Mr. and Mrs. Wyckliffe C. Tunno, Jr.  
Deborah Quattlebaum Lester, Florida Registered Paralegal  
Straughn & Turner, P.A.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

ANGEL SISTERS, LLC

**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

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**Firm/Company**

240 E PARK AVE

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**Address**

LAKE WALES, FL 33853

**City/State and Zip Code**

mitunno@me.com

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

For further information concerning this matter, please call:

PATRICIA A. TUNNO

863 307-9814

Name of Person

**Area Codes**

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**Daytime Telephone Number:**

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

**REGISTRATION  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314**

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**ANGEL SISTERS, LLC**

**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.

**PATRICIA A. TUNNO, MANAGER**

a. Granted to: \_\_\_\_\_

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

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

**PATRICIA A. TUNNO, MANAGER**

a. Granted to: \_\_\_\_\_

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

*Mary Jane Angel Gregory A/K/A MARY JANE ANGEL GREGORY A/K/A  
Mary J. Gregory by Jane Gregory MARY J. GREGORY BY JANE GREGORY  
Yirak, Her Agent YIRAK, HER AGENT*

Signature of authorized representative

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

18 AUG 15 PM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED