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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.
Account Number : 076326003550
Phone : (561) 627-8100
Fax Number : (561) 622-7603

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Dwhitmire@haileshaw.com

2015 MAY 28 AM 9:16
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PALM CITY HOLDINGS, LLC

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MAY 29 2015

May, 28, 2015 11:16AM

No. 4040 P. 2

FAN: H15000127893 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALM CITY HOLDINGS, 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:

Drennen L. Whitmire, Jr., Esquire

Name of Person

Haile, Shaw & Pfaffenberger, P.A.

Firm/Company

660 US Highway One, Third Floor

Address

North Palm Beach, FL 33408

City/State and Zip Code

dwhitmire@haileshaw.com

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

For further information concerning this matter, please call:

Drennen L. Whitmire, Jr., Esq.

at (561)

627-8100

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)

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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: PALM CITY HOLDINGS, LLC

SECOND: The Florida Document Number of the limited liability company is: L02000018139

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

2049 SW Poma Drive

Palm City, FL 34990

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

2049 SW Poma Drive

Palm City, FL 34990

FILED
2015 MAY 28 AM 9:16
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

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: Frank Poma, 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: Frank Poma, Manager

b. No authority granted to: _____


Signature of authorized representative

Frank Poma

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)

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