

L020000021114

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K. SALY
EXAMINER
FEB 25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anjali Management, 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:

LaKesia R. Mosley, Esq.

Name of Person

Anjali Management, LLC

Firm/Company

6416 Old Winter Garden Rd

Address

Orlando, FL 32835

City/State and Zip Code

lmosley@fpg-florida.com

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

For further information concerning this matter, please call:

Anjali Vyas

at (407)

293-2930

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

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: Anjali Management, LLC

SECOND: The Florida Document Number of the limited liability company is: LO2000021114
LO200002114

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

6416 Old Winter Garden Rd

Orlando, FL 32835

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

6416 Old Winter Garden Rd

Orlando, FL 32835

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JACKSONVILLE, 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: Anjali Vyas

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: Anjali Vyas

b. No authority granted to: _____

Anjali Vyas
Signature of authorized representative

Anjali Vyas

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)