## \*103000038812

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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2015 JUN 29 PH 12: IC

K. SALY EXAMINER JUL -1 2015

## **COVER LETTER**

Division of Corporations
KAJA ENTERPRISES, LLC, A Florida Limited Liability Company
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:
A. T. COOPER, III, ATTORNEY AT LAW
Name of Person
LAW OFFICE OF A. T. COOPER, III
Firm/Company
1230 Myrtle Avenue South, Suite 102
Address
Clearwater, Florida 33756
City/State and Zip Code
atc@atcooperlaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
A. T. COOPER, III 727 447-0212
Name of Person at ()  Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section

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

CR2E138 (2/14)

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

Clifton Building

TO:

Registration Section

## STATEMENT OF AUTHORITY

Pursuant authority		statutes, this limited liability company submits the following statement of
	The name of the limited liability of Company	company is: KAJA ENTERPRISES, LLC, A Florida Limited
SECONI	D: The Florida Document Numbe	er of the limited liability company is: L03000038812
		l liability company's principal office is:
•	Belleair Shore, Florida 33	3786 FS PR
	The mailing address of the limit	er of the limited liability company is: L03000038812  I liability company's principal office is:  13786  ted liability company's principal office is:
	Belleair Shore, Florida 33	3786
•	<u>-</u>	ransferring real property held in the name of the company.  I ANTHONY, Managing Member
	b. No authority granted	d to:
		N ANTHONY, Managing Member
	b. No authority grantec	d to:
John John	And Law	JOHN ANTHONY, Managing Member
Signature	e of authorized representative	Typed or printed name of signature  Filing Fee: \$25.00  Certified Conv. \$30.00 (ontional)

CR2E138 (2/14)

RETURN TO: A. T. COOPER, III, ESQ. 1230 Myrtle Ave S.

Suite 102

Clearwater, FL 33756