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	(Address)	
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	(City/State/Zip/Phone #)	
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# **COVER LETTER**

Equity Holders 11 C	
Equity Holders, 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:	
Tina Sachs	
Name of Person	
Equity Holders, LLC	
Firm/Company	
3061 Anderson Rd	
Address	
Green Cove Springs, FL 32043	₩. <b>2</b>
City/State and Zip Code	JIT F
ttsachs@comcast.net	FEB 2
E-mail address: (to be used for future annual report notification)	SHOOT OF
For further information concerning this matter, please call:	A & FLOW
Tina Sachs 904 476-258	70 ×
at t	ne 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)

## 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: Equity Holders, LLC dba Pinewood Ranch SECOND: The Florida Document Number of the limited liability company is: \_\_\_\_\_ THIRD: The street address of the limited liability company's principal office is: 159 Old Starke Rd Palatka, FL 32177 The mailing address of the limited liability company's principal office is: 3061 Anderson Rd Green Cove Springs, FL 32043 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 n the following:

1. May execute an instrument transferring real property held in the name of the company. person on the following: Granted to: Russell Sachs b. No authority granted to: May enter into other transactions on behalf of, or otherwise act for or bind, the company. Granted to:\_\_Tina Sachs No authority granted to: Russell Sachs Typed or printed name of signature Signature of authorized representative

Filing Fee:

\$25.00 Certified Copy: \$30.00 (optional)

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