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## **COVER LETTER**

TO: Registration Section Division of Corporations			
My Garage LLC SUBJECT:			
Name of Limited Liability Comp	pany	-	
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:	:		
Noelle M. Melanson			
Name of Person			
Melanson Law PA			
Firm/Company			
1430 Royal Palm Sq. Blvd. Suite 103			
Address		2015	
Fort Myers, Florida 33919		2015 APR -9	•
City/State and Zip Code	7. <del>1</del> . 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	9	F
Noelle@melansonlaw.com	رند. به ربن در ش		II
E-mail address: (to be used for future annual report notification		္က	Y
For further information concerning this matter, please call:			
Noelle M. Melanson 239	689-8588		
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 authority	o section 605.0302(1), Florida	Statutes, this limited liability	company submits the followi	ng statement o	)f
FIRST:	The name of the limited liabilit	ty company is: My Garage	LLC		
SECON	: The Florida Document Num	nber of the limited liability con	npany is: L06000121547	7	<del></del>
	The street address of the limite 7225 SANIBEL BLVD F	ed liability company's principa	al office is:		
	The mailing address of the lin	nited liability company's princ FORT MYERS, FL 3390	•	·	
position person o	I: This statement of authority f a person in a company, whethe following:  May execute an instrument a. Granted to: Jose	her as a member, transferee, m	anager, officer or otherwise of	or a spedific APR -9 PI	
	b. No authority gran	any other membe	er of LLC	4 3: 10 S-144 E	And and
	2. May enter into other trans.  a. Granted to:	actions on behalf of, or otherw seph Sorgi	rise act for or bind, the compa	any.	
	b. No authority gran	any other membe	er of LLC		
	$\mathcal{J}$		Joseph Sorgi		
Signatur	of authorized representative	Filing Fee: \$25.00 Certified Copy: \$30.00	Typed or printed name of (optional)	signature	